



# Systems Documentation – Claims V

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## ***Revision History***

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Field Name: Detail No .....	25-2
Payer Information .....	25-2
Field Name: ID .....	25-2
Field Name: Name .....	25-2
Field Name: Paid Amount .....	25-2
Field Name: Payment date .....	25-2
Adjustment Information .....	25-2
Field Name: Group .....	25-2
Field Name: Reason Description .....	25-3
Field Name: Amount .....	25-3
Field Name: Quantity .....	25-3
Reference Information .....	25-3
Field Name: Payer ID .....	25-3
Field Name: Referral Number .....	25-3
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Field Name: Detail No .....	26-1
Payer Information .....	26-2
Field Name: ID .....	26-2
Field Name: Name .....	26-2
Field Name: Paid Amount.....	26-2
Field Name: Payment date .....	26-2
Adjustment Information .....	26-2
Field Name: Group .....	26-2
Field Name: Reason Description .....	26-2
Field Name: Amount.....	26-3
Field Name: Quantity.....	26-3
Other Messages .....	26-3
System Information .....	26-3
System Features.....	26-3
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Field Information.....	27-1
Field Name: ICN.....	27-1
Field Name: Detail No .....	27-1
Payer Information .....	27-2
Field Name: ID .....	27-2
Field Name: Name .....	27-2
Field Name: Paid Amount.....	27-2
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Field Name: Group .....	27-2
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## **Section 1: Paid Dental Claim Window**

---

### **Introduction**

The Paid Dental Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The Dental Details section of the window displays all the information entered in the detail lines of a Paid Dental claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Paid Dental Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.
- The COB database accesses Coordination of benefits information pertinent to the recipient.,and is enabled only when COB information is found.
- The member database accesses member information pertinent to the RID number on the screen.
- The provider database accesses provider information pertinent to the provider identification number on the screen.
- The TPL database accesses TPL information pertinent to the TPL amount on the screen.

Double click on any field within the Paid Dental Claim window to display the Inquire By window. From this window the user can access the Provider, Member, or TPL database.

Double click on any field within the Paid Dental Detail line to display the HCPC Procedure Maintenance window. This window contains information on the billed HCPC Procedure.

**Paid Dental Claim**

File Edit Applications Options Claim

ICN:  Claim Type:  Claim Status:  Txn Type:  No. of Details:

RID No.:  Recip Last Name:  Recip First Name:

Patient Acct No.:  From DOS:  To DOS:

Provider/Location:  ☐ Date Billed:  TPL Amount:

PDS:  Billed Amount:  TPL Recov Amt:

Accident:  Net Billed Amount:  Patient Deduct Amt:

Emergency:  Paid Amount:

Signature:  Attachment:

Detail No.	Stat	DOS	Proc Code	1	2	3	4	Units Billed	Units Alwd	Tooth Number	Billed Amount
001	P	2003/09/11	D0150					1		1	\$37.
002	P	2003/09/11	D1201					1		1	\$61.

Next ICN:

Figure 1.1 – Paid Dental Claim Window

Paid Dental Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Tooth Surface
Exit	Paste	Claims	EOBs/Errors	COB
Audit	Cut	Financial	CCF Xref	
Exit IndianaAIM		Managed Care	Location	
		MARS	Related History	
		Prior Authorization	Check	
		Provider	Adj Information	
		Recipient	Cash	
			Disposition	
		Reference	Hlth Pgm Xref	
		Security		
		SURS		
		Third Party Liability		

Figure 1.2 – Paid Dental Claims Window Menu Tree

This is an illustration of the menu tree for the Paid Dental Claim. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Paid Dental Claim window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the **Alt** button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed, or exit IndianaAIM.

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This menu selection allows the user to make changes to the data.

*Copy* – Transfers text to another area

*Paste* – Inserts text cut or copied from another area

*Cut* – Removes text and places it on the clipboard

### **Menu Selection: Applications**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access the MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

### **Menu Selection: Options**

This menu selection allows the user to select different system functions from the menu bar.

*Inquire* – Allows the user to enter a different claim

*EOBs/Errors* – Allows the user to view the EOB and Errors pertaining to the claim header

*CCF Xref* – Allows the user to view the ICN of the CCF that was used to correct the claim

*Location* – Allows the user to see the claim location



*Related History* – Allows the user to view the related claims from history

*Check* – Allows the user to view the check information for a specific claim

*Adj Information* – Allows the user to access adjustment related information associated with a paid claim

*Cash Disposition* – Allows the user to access cash related information associated with a paid refund adjustment claim

*Hlth Pgm Xref* – Allows the user to view the health program associated with that particular claim

### **Menu Selection: Claim**

This menu selection allows the user to select different system functions from the menu bar.

*Tooth Surface* – Allows the user to view the tooth surfaces that were billed in association to the procedure.

*COB* – The COB selection is enabled only when COB information is found. The COB selection accesses the Coordination of Benefits Header window.

## **Field information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Claim Type**

*Description* – Indicates the type of claim

*Format* – Dental

*Features* – Protected, display only

### **Field Name: Claim Status**

*Description* – This field displays the status of the claim.

*Format* – Nine characters

*Features* – Protected, display only

Valid values:

Paid

**Field Name: Txn Type**

*Description* – Currently not used.

*Format* – One character

*Features* – Protected, display only

**Field Name: No. of Details**

*Description* – Indicates the number of detail service lines on the claim.

*Format* – Three characters

*Features* – Protected, display only

**Field Name: RID No.**

*Description* – A system assigned number that identifies a member.

*Format* – Twelve characters

*Features* – Protected, display only

**Field Name: Recip Last Name**

*Description* – The last name of the member associated with the RID number. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Recip First Name**

*Description* – The first name of the member associated with the RID number. If there is no association between the first name and the RID number the first character of the first name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Patient Acct No.**

*Description* – Patient's unique identification number assigned by the provider to track the patient's financial records.

*Format* – Thirteen numeric characters

*Features* – Protected, display only

**Field Name: From DOS**

*Description* – Date of first service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: To DOS**

*Description* – Date of last service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Provider/Location**

*Description* – The provider identification number and location that identifies the provider of services

*Format* – Nine numeric characters and one alpha character

*Features* – Protected, display only

**Field Name: Date Billed**

*Description* – Date the claim was submitted for processing

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: TPL Amount**

*Description* – Amount paid by third party for services.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: POS**

*Description* – Location where services were rendered

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Billed Amount**

*Description* – Amount requested by the provider for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: TPL Recov Amt**

*Description* – The casualty case recovery amount populated from the Settlement window.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Accident**

*Description* – Indicates if the service was provided due to an accident.

*Format* – One alpha character

*Features* –Valid values are:

Employment

Auto

C - Other

None

Z - Other

**Field Name: Net Billed Amount**

*Description* – Amount remaining on a claim after payment has been made by all other sources, such as co-pay, and TPL.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Emergency**

*Description* – Indicates if the service was provided due to an emergency situation.

*Format* – YES/NO

*Features* – None

**Field Name: Signature**

*Description* – Indicates if the claim was signed by the provider or representative

*Format* – Yes/No

*Features* – Protected, display only

**Field Name: Paid Amount**

*Description* – Total amount due to the provider

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Next ICN**

*Description* – This field allows the user to enter the ICN of the next claim to be viewed.

*Format* – Thirteen characters

*Features* – None

*Edit* 91046 – New key is required!

*To correct* – Key in an ICN number

*Edit* – ICN must be numeric!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – ICN must be 13 digits!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – MMIS batch range is invalid!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – AIM batch range is invalid!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* - Record not found - please try again!

*To correct* – Verify entry and select the Inquire or press Enter.

**Field Name: Detail No.**

*Description* – The number of the detail on the claim record.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Detail Stat**

*Description* – Indicates the status of the detail.

*Format* – One alpha character

*Features* – Protected, display only

Valid values:

P - Paid

S - Suspended

D - Denied

C - CCF

**Field Name: DOS**

*Description* – Date the services were performed.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Proc Code**

*Description* – Code used to identify a dental procedure.

*Format* – Five alphanumeric characters

*Features* – Protected, display only

**Field Name: Units Billed**

*Description* – The number of units billed by the provider.

*Format* – Four numeric characters

*Features* – Protected, display only

**Field Name: Units Alwd**

*Description* – The number of units allowed to the provider.

*Format* – Four numeric characters

*Features* – Protected, display only

**Field Name: Tooth Number**

*Description* – The tooth number the provider rendered services on. An alpha indicates temporary teeth and numeric indicates permanent teeth.

*Format* – Two alphanumeric characters

*Features* – Valid values:

A-T: Primary

1-32: Permanent

**Field Name: Billed Amount**

*Description* – Amount of money requested for services rendered.

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field Name: Pricing Indicator**

*Description* – Indicates the pricing methodology applied to the procedure performed.

*Format* – One numeric character

*Features* – Protected, display only

Valid Values:

0 - Normal Pricing

1 - Max Fee Pricing

5 - Manual Pricing

6 - Manually Priced by Per Pend Situations - how priced

7 - Has been manually priced, do not enter - how priced

8 - Zero Paid - how priced

L - Lab Pricing

R - RBRVS

F - Flat Fee

T - Transportation

**Field Name: Allowed Amount**

*Description* – The lesser of the billed amount and the allowed amount on file

*Format* – Nine numeric characters

*Features* – Protected, display only

## **System Information**

*PBL* - CAIM01.PBL, CLAIM02PBL

*Window* – W\_BASE\_INQUIRY\_CLAIM

W\_DENTAL\_PAID

*Menu* – M\_CLAIM\_INQUIRY

*Data window* –DW\_DENTAL\_HDR\_PAID

DW\_DENTAL\_DTL\_PAID

## **System Features**

Double click the window to access Provider, Recipient, or TPL databases.

Double click the detail to access the HCPC Procedure Maintenance window.

The EOBs/Errors button and the menu option are enabled only if codes exist.

Double click the COB button to access the Dental Coordination of Benefits header Window. The COB button is enabled only if COB information is found on the claim.

Detail data scrolls vertically when more than four details exist.

Detail data scrolls horizontally to display all detail information.



## **Section 2: Denied Dental Claim Window**

---

### **Introduction**

The Denied Dental Claim window is accessed by typing in the ICN, the provider ID number, or the member ID number or by typing any of the optional information in the Claim Inquiry window. The Dental Details section of the window displays all the information in the detail lines of a Denied Dental claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Denied Dental Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.
- The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found.
- The recipient database accesses recipient information pertinent to the RID number on the screen.
- The provider database accesses provider information pertinent to the provider identification number on the screen.
- The TPL database accesses TPL information about the TPL amount on the screen.

Double click on any field within the Denied Dental Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database.

Double click any field within the Denied Dental Detail line to display the HCPC Procedure Maintenance window with information on the billed HCPC Procedure.

**Denied Dental Claim**

File Edit Applications Options Claim

ICN:  Claim Type:  Claim Status:  Txn Type:  No. of Details:

RID No.:  Recip Last Name:  Recip First Name:

Patient Acct No.:  From DOS:  To DOS:

Provider/Location:   Date Billed:  TPL Amount:

POS:  Billed Amount:  Patient Deduct Amt:

Accident:  Net Billed Amount:

Emergency:  Signature:

Attachment:

Detail No.	Stat	DOS	Proc Code	1	Modifier 2	3	4	Units Billed	Units Alwd	Tooth Number	I
001	D	2003/09/10	D0150					1	1		A
002	D	2003/09/10	D1201					1	1		
003	D	2003/09/10	D0272					1	1		

Next ICN:

Figure 2.1 – Denied Dental Claim Window

Denied Dental Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Tooth Surface
Exit	Paste	Claims	EOBs/Errors	COB
Audit	Cut	Financial	CCF Xref	
Exit IndianaAIM	Managed Care	Location		
	MARS	Related History		
	Prior Authorization	Adj Information		
	Provider	Cash Disposition		
	Recipient	RTS		
	Reference	Hlth Pgm Xref		
	Security			
	SURS			
	Third Party Liability			

Figure 2.2 – Denied Dental Claim Window Menu Tree

This is an illustration of the menu tree for the Denied Dental Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Denied Dental Claim window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed or exit IndianaAIM.

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This menu selection allows the user to make adjustments to the data.

*Copy* –Transfers text to another area

*Paste* – Inserts text cut or copied from another area

*Cut* – Removes text and places it on the clipboard

### **Menu Selection: Applications**

This menu selection allows access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows.

*MARS* – Click **MARS** to access MARS windows.

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

### **Menu Selection: Options**

This menu selection allows the user to select different system functions from the menu bar.

*Inquire* – Allows the user to view a different claim.

*EOBs/Errors* – Allows the user to view the EOB and Errors about the claim header.

*CCF Xref* – Allows the user to view the ICN of the CCF used to correct the claim.

*Location* – Allows the user to see the claim location.

*Related History* – Allows the user to view the related claims from history.

*Adj Information* – Allows the user to access adjustment related information associated with a paid claim.

*Cash Disposition* – Allows the user to access cash related information associated with a paid refund adjustment claim.

*RTS* – Allows the user to view the Return To Sender letters for the claim.

*Hlth Pgm Xref* – Allows the user to view the health program associated with a particular claim.

### **Menu Selection: Claim**

This menu selection allows the user to select different system functions from the menu bar.

*Tooth Surface* – Allows the user to view the tooth surfaces that were billed in association to the procedure.

*COB* – The COB selection is enabled only when COB information is found. The COB selection accesses the Coordination of Benefits Header window.

## **Field information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field name: Claim Type**

*Description* – Indicates the type of claim.

*Format* – Dental

*Features* – Protected, display only

### **Field name: Claim Status**

*Description* – This field displays the status of the claim.

*Format* – Nine alpha characters

*Features* – Protected, display only

Valid values:

Denied

**Field name: TXN Type**

*Description* – Not currently used.

*Format* – One alphanumeric character

*Features* – Protected, display only

**Field name: No. of Details**

*Description* – Indicates the number of detail service lines on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field name: RID No.**

*Description* – A system assigned number that identifies a member.

*Format* – Twelve characters

*Features* – Protected, display only

**Field name: Recip Last Name**

*Description* – The last name of the recipient associated with the RID number. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field name: Recip First Name**

*Description* – The first name of the member associated with the RID number. If there is no association between the first name and the RID number the first character of the first name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field name: Provider/Location**

*Description* – The provider identification number and location that indicates who provided the services.

*Format* – Nine numeric characters and one alpha character

*Features* – Protected, display only

**Field Name: From DOS**

*Description* – Date of first service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: To DOS**

*Description* – Date of last service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field name: POS**

*Description* – Location where services were rendered

*Format* – Two numeric characters

*Features* – Protected, display only

**Field name: Date Billed**

*Description* – Date the claim was submitted for processing.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field name: TPL Amount**

*Description* – Amount paid by third party for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field name: Billed Amount**

*Description* – Amount requested by the provider for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field name: Patient Deduct Amt**

*Description* – Amount of out-of pocket expenses that the member is responsible for paying.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field name: Net Billed Amount**

*Description* – Amount remaining on a claim after payment has been made by all other sources, such as co-pay, and TPL.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Accident**

*Description* – Indicates if the service was provided due to an accident.

*Format* – One alpha character

*Features* – Valid values are:

Employment

Auto

C - Other

None

Z - Other

**Field name: Other Plan**

*Description* – Indicates if another form of insurance was used.

*Format* – YES/NO

*Features* – None

**Field name: Emergency**

*Description* – Indicates if the service was due to an emergency situation.

*Format* – YES/NO

*Features* – None



**Field name: Signature**

*Description* – Indicates if the claim was signed by the provider or a representative

*Format* – Yes/No

*Features* – Protected, display only

**Field name: Next ICN**

*Description* – This field allows the user to enter the ICN of the next claim.

*Format* – Thirteen characters

*Features* – None

*Edit* – 91046, New key is required!

*To correct* – Key in an ICN number

*Edit* – ICN must be numeric!

*To correct* – Verify entry and select the Inquire or press Enter.

*Edit* – ICN must be 13 digits!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – MMIS batch range is invalid!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – AIM batch range is invalid!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – Record not found - please try again!

*To correct* – Verify entry and select Inquire or press Enter.

**Field name: Detail No.**

*Description* – The number of the detail on the claim record.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field name: Detail Stat**

*Description* – Indicates the status of the detail.

*Format* – One alpha character

*Features* – Protected, display only

Valid values:

P - Paid

S - Suspended

D - Denied

C - CCF

**Field name: DOS**

*Description* – Date the services were performed.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field name: Proc Code**

*Description* – Code used to identify a Dental procedure.

*Format* – Five alphanumeric characters

*Features* – Protected, display only

**Field name: Units Billed**

*Description* – The number of units billed by the provider.

*Format* – Four numeric characters

*Features* – Protected, display only

**Field name: Units Alwd**

*Description* – The number of units allowed to the provider.

*Format* – Four numeric characters

*Features* – Protected, display only

**Field name: Tooth Number**

*Description* – The number that identifies the tooth the provider rendered services on. An alpha character indicates temporary teeth and a numeric character indicates permanent teeth.

*Format* – Two alphanumeric characters

*Features* – Valid values:

A-T: Primary

1-32: Permanent

**Field name: Billed Amount**

*Description* – Amount of money requested for payment by a provider for services rendered.

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field name: Pricing Indicator**

*Description* – Indicates the pricing methodology applied to the procedure performed.

*Format* – One numeric character

*Features* – Protected, display only

Valid values are:

0 - Normal Pricing

1 - Max Fee Pricing

5 - Manual Pricing

6 - Manually Priced by Per Pend Situations -how priced

7 - Has been manually priced, do not enter - how priced

8 - Zero Paid - how priced

L - Lab Pricing

R - RBRVS

F - Flat Fee

T - Transportation

**System Information**

*PBL* – CLAIM01.PBL, CLAIM02PBL

*Window* – W\_BASE\_INQUIRY\_CLAIM

W\_DENTAL\_DENIED

*Menu* – M\_CLAIM\_INQUIRY

*Data window* – DW\_DENTAL\_HDR\_DENIED

DW\_DENTAL\_DTL\_DENIED

## **System Features**

Double click the window to access to Provider, Recipient, or TPL databases.

Double click the detail to access to the HCPC Procedure Maintenance window.

The EOBs/Errors button and the menu option are enabled only if codes exist.

Double click the COB button to access the Dental Coordination of Benefits header Window. The COB button is enabled only if COB information is found on the claim.

Detail data scrolls vertically when more than four details exist.

## **Section 3: Suspended Dental Claim Window**

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### **Introduction**

The Suspended Dental Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The Dental Details section of the window displays all the information entered in the detail lines of a Suspended Dental claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Suspended Dental Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.
- The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found. .
- The recipient database accesses recipient information about the RID number on the screen.
- The provider database accesses provider information about the provider identification number on the screen.
- The TPL database accesses TPL information about the TPL amount on the screen.

Double click any field within the Suspended Dental Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database.

Double click any field within the Suspended Dental Detail line to display the HCPC Procedure Maintenance window that contains information about the billed HCPC procedure.

**Suspended Dental Claim**

File Edit Applications Options Claim

ICN:  Claim Type:  Claim Status:  Txn Type: ☐ No. of Details:

RID No.:  Recip Last Name:  Recip First Name:

Patient Acct No.:  From DOS:  To DOS:

Provider/Location:  ☐ Date Billed:  TPL Amount:

POS:  Billed Amount:  Patient Deduct Amt:

Accident:  Net Billed Amount:

Emergency:  Signature:  Attachment:

Detail No.	Stat	DOS	Proc Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Units Billed	Units Alwd	Tooth Number	Billed Amount
001	S	2003/05/30	D4341					1		1	\$
002	S	2003/05/30	D4341					1		1	\$
003	S	2003/05/30	D4341					1		1	\$

Next ICN:

Figure 3.1 - Suspended Dental Claim Window

Suspended Dental Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Tooth Surface
Exit	Paste	Claims	EOBs/Errors	COB
Audit	Cut	Financial	CCF Xref	
Exit IndianaAIM	Managed Care	Location		
		MARS	Related History	
		Prior Authorization	Adj Information	
		Provider	Cash Disposition	
		Recipient		
		Reference		
		Security		
		SURS		
		Third Party Liability		

Figure 3.1 – Suspended Dental Claim Window Menu Tree

This is an illustration of the menu tree for the Suspended Dental Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Suspended Dental Claim window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed or exit *IndianaAIM*

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This menu selection allows the user to make adjustments to the data.

*Copy* – Transfers text to another area.

*Paste* – Inserts text cut or copied from another area.

*Cut* – Removes text and places it on the clipboard.

### **Menu Selection: Applications**

This menu selection allows access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows.

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

### **Menu Selection: Options**

This menu selection allows the user to select different system functions from the menu bar.

*Inquire* – Allows the user to view a different claim.

*EOBs/Errors* – Allows the user to view the EOB and Errors pertaining to the claim header.

*CCF Xref* – Allows the user to view the ICN of the CCF that was used to correct the claim.

*Location* – Allows the user to see the claim location.



*Related History* – Allows the user to view any related history for the claim.

*Adj Information* – Allows the user to access adjustment related information associated with a paid claim.

*Cash Disposition* – Allows the user to access cash related information associated with a paid refund adjustment claim.

*Hlth Pgm Xref* – Allows the user to view the health program associated with that particular claim.

### **Menu Selection: Claim**

This menu selection allows the user to select different system functions from the menu bar.

*Tooth Surface* – Allows the user to view the tooth surfaces that were billed in association to the procedure.

*COB* - The COB selection is enabled only when COB information is found. The COB selection accesses the Coordination of Benefits Header window.

## **Field information**

### **Field name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field name: Claim Type**

*Description* – Indicates the type of claim.

*Format* – Dental

*Features* – Protected, display only

### **Field name: Claim Status**

*Description* – This field displays the status of the claim.

*Format* – Nine alpha characters

*Features* – Protected, display only

Valid values:

Suspended

**Field name: Txn Type**

*Description* – Not currently used

*Format* – One alphanumeric character

*Features* – Protected, display only

**Field name: No. of Details**

*Description* – Indicates the number of detail service lines on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field name: RID No.**

*Description* – A system assigned number that identifies a member.

*Format* – Twelve characters

*Features* – Protected, display only

**Field name: Recip Last Name**

*Description* – The last name of the member associated with the RID number. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field name: Recip First Name**

*Description* – The first name of the member associated with the RID number. If there is no association between the first name and the RID number the first character of the first name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field name: Provider/Location**

*Description* – The identification number and location code that identifies the provider of services

*Format* – Nine numeric characters and one alpha character

*Features* – Protected, display only

**Field name: From DOS**

*Description* – Date of first service on the claim

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field name: To DOS**

*Description* – Date of last service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field name: POS**

*Description* – Location where service was rendered

*Format* – Two numeric characters

*Features* – Protected, display only

**Field name: Date Billed**

*Description* – Date the claim was submitted for processing.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field name: TPL Amount**

*Description* – Amount paid by third party for services.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field name: Billed Amount**

*Description* – Amount requested by the provider for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field name: Patient Deduct Amt**

*Description* – Amount of out-of-pocket expenses that the member is responsible for paying

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field name: Net Billed Amount**

*Description* – Amount remaining on a claim after payment has been made by all other sources, such as co-pay and TPL.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field name: Accident**

*Description* – Indicates if the service was provided due to an accident.

*Format* – One alpha character

*Features* – Valid values are:

Employment

Auto

C - Other

None

Z - Other

**Field name: Other Plan**

*Description* – Indicates if another form of insurance was used.

*Format* – YES/NO

*Features* – None

**Field name: Emergency**

*Description* – Indicates if service was provided due to an emergency situation.

*Format* – Yes/No

*Features* – None

**Field name: Signature**

*Description* – Indicates if the claim was signed by the provider or representative

*Format* – Yes/No

*Features* – Protected, display only

**Field name: Next ICN**

*Description* – This field allows the user to enter the ICN of the next claim to view.

*Format* – Thirteen characters

*Features* – None

*Edit* – 91046, New key is required!

*To correct* – Key in an ICN number

*Edit* – ICN must be numeric!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – ICN must be 13 digits!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – MMIS batch range is invalid!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – AIM batch range is invalid!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – Record not found - please try again!

*To correct* – Verify entry and select Inquire or press Enter.

**Field name: Detail No.**

*Description* – The number of the detail on the claim record.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field name: Detail Stat**

*Description* – Indicates the status of the detail.

*Format* – One alpha character

*Features* – Protected, display only

Valid values:

P - Paid

S - Suspended

D - Denied

C - CCF

**Field name: DOS**

*Description* – Date the services were performed.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field name: Proc Code**

*Description* – Code used to identify a dental procedure.

*Format* – Five alphanumeric characters

*Features* – Protected, display only

**Field name: Units Billed**

*Description* – The number of units billed by the provider.

*Format* – Four numeric characters

*Features* – Protected, display only

**Field name: Units Alwd**

*Description* – The number of units allowed to the provider.

*Format* – Four numeric characters

*Features* – Protected, display only

**Field name: Tooth Number**

*Description* – The number that identifies the tooth the provider rendered services on. An alpha character indicates temporary teeth and a numeric character indicates permanent teeth.

*Format* – Two alphanumeric characters

*Features* – Valid values:

A-T: Primary

1-32: Permanent

**Field name: Billed Amount**

*Description* – Amount of money requested by a provider for services rendered

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field name: Allowed Amount**

*Description* – The lesser of the billed amount and the allowed amount on file

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field name: Pricing Indicator**

*Description* – Indicates the pricing methodology applied to the procedure performed.

*Format* – One numeric character

*Features* – Protected, display only

Valid values:

0 - Normal Pricing

1 - Max Fee Pricing

5 - Manual Pricing

6 - Manually Priced by Per Pend Situations - how priced

7 - Has been manually priced, do not enter how priced

8 - Zero Paid - how priced

L - Lab Pricing

R - RBRVS

F - Flat Fee

T - Transportation

## System Information

*PBL* – CLAIM01.PBL, CLAIM02PBL

*Window* – W\_BASE\_INQUIRY\_CLAIM

W\_DENTAL\_SUSPENDED

*Menu* – M\_CLAIM\_INQUIRY

*Data window* – DW\_DENTAL\_HDR\_SUSPENDED

DW\_DENTAL\_DTL\_SUSPENDED

## System Features

Double click the window to access the Provider, Recipient, or TPL databases.

Double click the detail to access the HCPC Procedure Maintenance window.

The EOBs/Errors button and menu options are enabled only if codes exist.

Double click the COB button to access the Dental Coordination of Benefits header Window. The COB button is enabled only if COB information is found on the claim.

Detail data scrolls vertically when more than four details exist.



## Section 4: Dental Tooth Surface Codes Window

---

### Introduction

The Dental Tooth Surface Codes window is opened from the details window under the claim heading. This window allows the user to view the specific tooth surface codes on the claim.

Detail No.	Tooth Surface	
1	01	M
2	01	0

Figure 4.1 – Dental Tooth Surface Codes Window

Dental Tooth Surface Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 4.2 – Dental Tooth Surface Codes Window Menu Tree

This is an illustration of the menu tree for the Dental Tooth Surface Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Dental Tooth Surface Codes window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed, or exit IndianaAIM.

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Applications**

This menu allows access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number used to identify a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Detail No**

*Description* – The number of the detail, from 01 to 18, for a specific claim

*Format* – Two numeric characters

*Features* – Protected, display only

### **Field Name: Tooth Surface**

*Description* – The surface the provider performed services on.

*Format* – Five alphabetic characters

*Features* – Protected, display only

Valid values are:

B - Buccal

D - Distal

L - Lingual

M - Mesial

O - Occlusal

## **System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_DENTAL\_TOOTH SURFACE

*Menu* – M\_CLAIM\_GENERIC\_MAINT

*Data Window* – DW\_DENTAL\_TOOTH SURFACE

## **System Features**

Click **Exit** to exit the Dental Tooth Surface Codes window.

## **Section 5: Paid UB-92 Claim Window**

---

### **Introduction**

The Paid UB-92 Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The UB-92 Details section of the window displays all the information entered in the detail lines of a Paid UB-92 Claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the UB-92 Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Paid UB-92 Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.
- The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found and is enabled only when COB information is available on the claim(s).
- The recipient database accesses recipient information pertinent to the RID number on the screen.
- The provider database accesses provider information pertinent to the provider identification number on the screen.
- The TPL database accesses TPL information pertinent to the TPL amount on the screen.

Double click on any field within the Paid UB-92 Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database.

Double click any field on the detail line of the Paid UB-92 Claim window to display the Inquire By window. From this window the user can access the Reference database for either the revenue code or procedure code billed on the claim.

**Paid UB92 Claim**

File Edit Applications Options Claim

ICN:  Claim Type:  Type of Bill:  Claim Status:  Txn Type:  No. of Details:

RID No.:  Recip Last Name:  Recip First Name:

Provider/Location:  Days Covered:  From DOS:  To DOS:

Attending License:  Admit Hour/Type:   Admit Dte:  Allowed Amt:

Other Prov License 1:  Attending Taxonomy:  Dte Billed:  Overhead Amt:

Other Prov License 2:  PMP Cert. Code:  Billed Amt:  TPL Recov Amt:

Attachment:  Disp. Share Amt:  Co-Pay Amt:

Patient Acct No:  Signature:  Patient Status:  Tot Reimb:

Detail No.	Stat	Rev Code	Proc Code	Modifiers 1 2 3 4	DOS	Units Billed	Units Alwd	Billed Amt
001	D	100	Y0501		2004/02/04	1	1	\$19.60
002	P	572	99600		2004/02/04	2	2	\$28.20
003	D	100	Y0501		2004/02/06	1	1	\$19.60
004	P	572	99600		2004/02/06	1	1	\$14.10

Next ICN:

Figure 5.1 – Paid UB-92 Claim Window

Paid UB-92 Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Condition
Exit	Paste	Claims	EOBs/Errors	Diagnosis
Audit	Cut	Financial	CCF Xref	ICD-9-CM
Exit IndianaAIM		Managed Care	Location	Inpatient
		MARS	Related History	Occurrence
		Prior Authorization	Check	Payer
		Provider	Adj Information	Value
		Recipient	Cash Disposition	COB
		Reference		
		Security		
		SURS		
		Third Party Liability		

Figure 5.2 – Paid UB-92 Claim Window Menu Tree

This is an illustration of the menu tree for the Paid UB-92 Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Paid UB-92 Claim window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

## Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed, or exit IndianaAIM.

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

## **Menu Selection: Edit**

This menu selection allows the user to make adjustments to the entered data.

*Copy* –Transfers text to another area.

*Past* – Inserts text cut or copied from another area.

*Cut* – Removes text and places it on the clipboard.

## **Menu Selection: Applications**

This menu selection allows the user access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Menu Selection: Options**

This menu selection allows the user to select different system functions from the menu bar.

*Inquire* – Allows the user to view a different claim.

*EOBs/Errors* – Allows the user to view the EOB and errors about the claim header.

*CCF Xref* – Allows the user to view the ICN of the CCF used to correct the claim.



*Location* – Allows the user to see the claim location.

*Related History* – Allows the user to view the related claims from history.

*Check* – Allows the user to view the check related to the claim.

*Adj Information* – Allows the user to access adjustment related information associated with a paid claim.

*Cash Disposition* – Allows the user to access cash related information associated with a paid refund adjustment claim.

*Hlth Pgm Xref* – Allows the user to view the health program associated with a particular window.

### **Menu Selection: Claim**

This menu selection allows the user to access specific claim information.

*Condition* – Allows the user to view the condition codes about the bill that may affect payer processing.

*Diagnosis* – Allows the user to view the primary and other ICD-9-CM diagnosis codes.

*ICD-9-CM* – Allows the user to view the ICD-9-CM procedure codes.

*Inpatient* – Allows the user to view the DRG pricing for a specific claim.

*Occurrence* – Allows the user to view the occurrence codes and the date the event took place.

*Payer* – Allows the user to view payer information that includes the payer code, prior payment amount, and estimated amount due.

*Value* – Allows the user to view the value codes on the claim.

*COB* – Allows the user to view the UB-92 Coordination of Benefits Header window.

## **Field information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Claim Type**

*Description* – Indicates the type of claim

*Format* – Twenty characters

*Features* – Protected, display only

Valid values:

Inpatient

Outpatient

Home Health

Nursing Home

Crossover A

Crossover C

***Field Name: Type Of Bill***

*Description* – A code that indicates the specific type of bill

*Format* – Three alphanumeric characters

*Features* – Protected, display only

Valid Values:

Hosp Inpatient: 110, 111, 112, 113, 114, 115, 116, 117, 118

Hosp Outpatient: 130, 131, 135, 136, 137, 138

Hosp Other DX Svcs: 140, 141, 145, 146, 147, 148

Hosp Dialysis Center: 720, 721, 725, 726, 727, 728

Hosp Hospice: 820, 821, 822, 823, 824, 825, 826, 827, 828

Skilled Nursing: 210, 211, 215, 216, 217, 218

Intermediate Care Fac: 650, 651, 655, 656, 657, 658

ICF/MR: 660, 661, 665, 666, 667, 668

CRF/DD: 670, 671, 675, 676, 677, 678

Home Health: 330, 331, 335, 336, 337, 338

Free Standing Clinic: 730, 731, 735, 736, 737, 738

Outp Rehab Facility: 740, 741, 745, 746, 747, 748

Hospice - Non Hospital: 810, 811, 815, 816, 817, 818

Hospice - Hospital Based: 820, 821, 825, 826, 827, 828

Ambulatory Surgery Ctr: 830, 831, 835, 836, 837, 838

**Field Name: Claim Status**

*Description* – This field displays the status of the claim.

*Format* – Nine alphabetic characters

*Features* – Protected, display only

Valid values:

Paid

**Field Name: TXN Type**

*Description* – Not currently used

*Format* – One alphanumeric character

*Features* – Protected, display only

**Field Name: No of Details**

*Description* – The number of detail service lines on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: RID No**

*Description* – A system assigned number that identifies a member.

*Format* – Twelve characters

*Features* – Protected, display only

**Field Name: Recip Last Name**

*Description* – The last name of the recipient associated with the RID. If there is no association between the last name and the RID number, the first three characters of the last name are displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Recip First Name**

*Description* – The first name of the member associated with the RID. If there is no association between the first name and the RID number the first character of the first name is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Provider/Location**

*Description* – The billing provider identification number and location that indicates who provided services.

*Format* – Nine numeric characters and one alpha character

*Features* – Protected, display only

**Field Name: Days Covered**

*Description* – Number of days covered by the primary payer

*Format* – Three numeric characters

*Features* – Protected, display only

**Field Name: From DOS**

*Description* – Beginning date of service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: To DOS**

*Description* – Ending date of service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Attending License**

*Description* – The license number of the physician who normally certifies or re-certifies the medical necessity of the services rendered and has primary responsibility for the patient's medical care and treatment.

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Admit Hour**

*Description* – The hour that the member was admitted.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Admit Type**

*Description* – Code indicating the priority of this admission

*Format* – One numeric character

*Features* – Protected, display only

Valid values:

1 = Emergency

2 = Urgent

3 = Elective

4 = Newborn

*Required for Inpatient and Outpatient claims*

*Optional for Nursing Home*

**Field Name: Admit Date**

*Description* –The date the patient was admitted to the facility for care.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Allowed Amount**

*Description* –Amount allowed to the provider.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Other Prov License 1**

*Description* –The license number of the physician other than the attending physician.

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Other Prov License 2**

*Description* – The license number of the physician other than the attending physician.

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Patient Status**

*Description* – Codes indicating patient status as of the ending service date of the period covered on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

Valid Values:

- 01 - Discharged to home or self care, routine discharge
- 02 - Discharged/transferred to another short-term general hospital for inpatient care
- 03 - Discharged/transferred to a skilled nursing facility (SNF)
- 04 - Discharged/transferred to an intermediate care facility (ICF)
- 05 - Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
- 06 - Discharged/transferred to home under care of organized home health service organization
- 07 - Left against medical advice or discontinued care
- 08 - Discharged/transferred to home under care of a Home IV provider
- 09 - Admitted as an inpatient to this hospital
- 20 - Expired
- 30 - Still patient or expected to return for outpatient services
- 40 - Expired at home
- 41 - Expired in a medical facility, such as hospital, SNF, ICF, or free standing hospice
- 42 – Expired, place unknown

**Field Name: Date Billed**

*Description* –Date the claim was submitted for processing.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Overhead Amount**

*Description* – Extra dollar amount paid to Home Health providers.

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field Name: Cert Code**

*Description* – Code used to identify the certification of the member.

*Format* – Two alphanumeric characters

*Features* – Protected, display only

**Field Name: Billed Amount**

*Description* – Amount requested by the provider for services rendered.

*Format* – Nine alphanumeric characters

*Features* – Protected, display only

**Field Name: TPL Recov Amt**

*Description* – The casualty case recovery amount populated from the Settlement window.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Co-Pay Amount**

*Description* – Co-pay amount applicable to the claim.

*Format* – Nine numeric characters

*Features* – Protected - display only

**Field Name: Patient Acct No**

*Description* – Patient's unique identification number assigned by the provider to track the patient's financial records.

*Format* – Twelve characters

*Features* – Protected, display only

**Field Name: Signature**

*Description* – Indicates if the claim was signed by the provider or representative

*Format* – Yes/No

*Features* – Protected, display only

**Field Name: Disp Share Amount**

*Description* –The lost opportunity costs.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Total Reimbursed**

*Description* –Total amount the provider receives.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Next ICN**

*Description* –This field allows the user to enter the ICN of the next claim to view.

*Format* – Thirteen characters

*Features* – None

*Edits* – 91046 – New key is required!

*To correct* – Key in an ICN number

*Edit* – ICN must be numeric!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – ICN must be 13 digits!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – MMIS batch range is invalid!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – AIM batch range is invalid!

*To correct* – Verify entry and select Inquire or press Enter.

*Edit* – Record not found - please try again!



*To correct* – Verify entry and select Inquire or press Enter.

**Field Name: Detail No.**

*Description* –Identifies what the detail the information is for

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Detail Stat**

*Description* – Indicates the status of the detail.

*Format* – One alpha character

*Features* – Protected, display only

Valid values:

P = Paid

S = Suspended

D = Denied

**Field Name: Rev Code**

*Description* – The code that identifies a specific accommodation or ancillary service

*Format* – Three numeric characters

*Features* – Protected, display only

**Field Name: Proc Code**

*Description* – Identifies the HCPCS code used for the detail.

*Format* – Five alphanumeric characters

*Features* – Protected, display only

**Field Name: DOS**

*Description* – The date the service was provided.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Units Billed**

*Description* – The number of units billed.

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field Name: Units Alwd**

*Description* – The number of units of service that were paid

*Format* – Six numeric characters

*Features* – Protected, display only

**Field Name: Billed Amt**

*Description* – Amount of money requested for payment by a provider for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Allowed Amt**

*Description* – The lesser of the billed amount and the allowed amount on file (applies to home health and outpatient claims only).

*Format* – Nine numeric characters

*Features* – Protected, display only

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL, CLAIM02PBL

*Window* – W\_BASE\_INQUIRY\_CLAIM

W\_UB-92\_PAID

*Menu* – M\_CLAIM\_INQUIRY

*Data window* – DW\_UB-92\_HDR\_PAID

DW\_UB-92\_DTL\_PAID

## **System Features**

Double click on the window to access the Provider, Recipient, or TPL databases.

Double click the detail to access to the Inquiry By window for further access to the HCPC Procedure Maintenance window.

The EOBs/Errors button and menu option are enabled only if codes exist.

The COB button is visible and enabled only when COB information is available on the claim(s).

Detail data scrolls vertically when more than four details exist.

Detail data scrolls horizontally to display all detail information.



## **Section 6: Denied UB-92 Claim Window**

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### **Introduction**

The Denied UB-92 Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The UB-92 Details section of the window displays all the information entered in the detail lines of a Denied UB-92 Claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the UB-92 Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Denied UB-92 Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.
- The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found and is visible when COB information is available on the claim(s).
- The recipient database accesses recipient information pertinent to the RID number on the screen.
- The provider database accesses provider information pertinent to the provider identification number on the screen.
- The TPL database accesses TPL information pertinent to the TPL amount on the screen.

Double click any field within the Denied UB-92 Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database

Double click any field on the detail line of the Denied UB-92 Claim window will result in the Inquire By window appearing. From this window the user can access the Reference data base for either the revenue code or procedure code billed on the claim.

**Denied UB92 Claim**

File Edit Applications Options Claim

ICN:  Claim Type:  Type of Bill:  Claim Status:  Txn Type:  No. of Details:

RID No.:  Recip Last Name:  Recip First Name:

Provider/Location:  ☐ Days Covered:  From DOS:  To DOS:

Attending License:  Admit Hour/Type:   Admit Date:  Allowed Amount:

Other Prov License 1:  Attending Taxonomy:  Date Billed:  Overhead Amount:

Other Prov License 2:  Cert. Code:  Billed Amount:  Disp. Share Amount:

Patient Acct No:  Signature:  Patient Status:  Attachment:

Detail No.	Rev Stat	Rev Code	Proc Code	1	2	3	4	DOS	Units Billed	Billed Amt	NDC
001	S	431	W7402					2003/09/04	1	\$54.30	

Next ICN

Figure 6.1 – Denied UB-92 Claim

Denied UB-92 Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Condition
Exit	Paste	Claims	EOBs/Errors	Diagnosis
Audit	Cut	Financial	CCF Xref	ICD-9-CM
Exit IndianaAIM	Managed Care	Location	Inpatient	
		MARS	Related History	Occurrence
		Prior Authorization	Adj Information	Payer
		Provider	Cash Disposition	Value
		Recipient	RTS	COB
		Reference		
		Security		
		SURS		
		Third Party Liability		

Figure 6.2 – Denied UB-92 Claim Window Menu Tree

This is an illustration of the menu tree for the Denied UB-92 Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Denied UB-92 Claim window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press **Alt** and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

## Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This menu command allows the following options:

*Copy* – Transfers copied text to another area.

*Paste* – Inserts text cut or copied from another area.

*Cut* – Removes text and places it on the clipboard.

### **Menu Selection: Application**

This menu options allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

### **Menu Selection: Options**

This menu selection allows the following options:

*Inquire* – Allows the user to view a different claim.

*EOBs/Errors* – Allows the user to view the EOB and Errors about the claim header.

*CCF Xref* – Allows the user to view the ICN of the CCF that was used to correct the claim.

*Location* – Allows the user to see the claim location.



*Related History* – Allows the user to view related claims from history.

*Adj Information* – Allows the user to access adjustment related information associated with a paid claim.

*Cash Disposition* – Allows the user to access cash related information associated with a paid refund adjustment claim.

*RTS* – Allows the user to view the Return To Sender letter for the claim.

*Hlth Pgm Xref* – Allows the user to view the health program associated with that particular claim.

### **Menu Selection: Claim**

This menu selection allows the following options:

*Condition* – Allows the user to view the conditions codes relating to this bill that may affect payer processing.

*Diagnosis* – Allows the user to view the primary and other ICD-9-CM diagnosis codes.

*ICD-9-CM* – Allows the user to view the ICD-9-CM procedure codes.

*Inpatient* – Allows the user to view the DRG pricing for the claim.

*Occurrence* – Allows the user to view the occurrence codes and date the event took place.

*Payer* – Allows the user to view payer information that includes the payer code, prior payment amount, and estimated amount due.

*Value* – Allows the user to view the value codes on the claim.

*COB* – Allows the user to view any claim(s) that have been identified as having COB information.

## **Field information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Claim Type**

*Description* – Indicates the type of claim.

*Format* – Twenty characters

*Features* – Protected, display only

Valid Values:

Inpatient

Outpatient

Home Health

Nursing Home

Crossover A

Crossover C

### **Field Name: Type Of Bill**

*Description* – A code that indicates the specific type of bill

*Format* – Three alphanumeric characters

*Features* – Protected, display only

Valid Values:

Hosp Inpatient: 110, 111, 112, 113, 114, 115, 116, 117, 118

Hosp Outpatient: 130, 131, 135, 136, 137, 138

Hosp Other DX Svcs: 140, 141, 145, 146, 147, 148

Hosp Dialysis Center: 720, 721, 725, 726, 727, 728

Hosp Hospice: 820, 821, 822, 823, 824, 825, 826, 827, 828

Skilled Nursing: 210, 211, 215, 216, 217, 218

Intermediate Care Fac: 650, 651, 655, 656, 657, 658

ICF/MR: 660, 661, 665, 666, 667, 668

CRF/DD: 670, 671, 675, 676, 677, 678

Home Health: 330, 331, 335, 336, 337, 338

Free Standing Clinic: 730, 731, 735, 736, 737, 738

Outp Rehab Facility: 740, 741, 745, 746, 747, 748

Hospice - Non Hospital: 810, 811, 815, 816, 817, 818

Hospice - Hospital Based: 820, 821, 825, 826, 827, 828

Ambulatory Surgery Ctr: 830, 831, 835, 836, 837, 838

**Field Name: Claim Status**

*Description* – This field displays the status of the claim.

*Format* – Nine alpha characters

*Features* – Protected, display only

Valid Values:

Denied

**Field Name: Txn Type**

*Description* – Not currently used.

*Format* – One alphanumeric character

*Features* – Protected, display only

**Field Name: No of Details**

*Description* –The number of detail service lines on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: RID No**

*Description* –A system assigned number that identifies a member.

*Format* – Twelve numeric characters

*Features* – Protected, display only

**Field Name: Recip Last Name**

*Description* – Last name of the member associated with the RID. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

*Format* – Fifteen alphanumeric characters

*Features* – Protected, display only

**Field Name: Recip First Name**

*Description* – The first name of the recipient associated with the RID. If there is no association between the first name and the RID number the first character of the first name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Provider/Location**

*Description* – The billing provider identification number and location that identifies the provider of services

*Format* – Nine numeric characters and one alphabetic character

*Features* – Protected display only

**Field Name: Days Covered**

*Description* – Number of days covered by the primary payer.

*Format* – Three numeric characters

*Features* – Protected, display only

**Field Name: From DOS**

*Description* – Beginning date of service on the claim.

*Description* – Eight numeric characters in CCYYMMDD format

*Description* – Protected, display only

**Field Name: To DOS**

*Description* – Ending date of service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Attending License**

*Description* – License number of the physician who normally certifies or recertifies the medical necessity of the services rendered and who has primary responsibility for the patient's medical care and treatment

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Admit Hour**

*Description* – Hour the member was admitted

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Admit Type**

*Description* – Code that indicates the priority of the admission

*Format* – One numeric character

*Features* – Protected, display only

Valid Values:

1 = Emergency

2 = Urgent

3 = Elective

4 = Newborn

Required for inpatient and outpatient claims

Optional for nursing home

**Field Name: Admit Date**

*Description* –The date the patient was admitted to the facility for care.

*Format* – Eight numeric characters in the CCYYMMDD format

*Features* – Protected, display only

**Field Name: Allowed Amount**

*Description* – Amount allowed to the provider.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Other Prov License 1**

*Description* –The license number of the physician other than the attending physician.

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Other Prov License 2**

*Description* –The license number of the physician other than the attending physician.

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Patient Status**

*Description* – Code that indicates the patient status as of the ending service date of the period covered on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

Valid Values:

- 01 – Discharged to home or self care, routine discharge
- 02 – Discharged or transferred to another short-term general hospital for inpatient care
- 03 – Discharged/transferred to a skilled nursing facility (SNF)
- 04 – Discharged/transferred to an intermediate care facility (ICF)
- 05 – Discharged or transferred to another type of institution for inpatient care or referred for outpatient services to another institution
- 06 – Discharged or transferred to home under care of organized home health service organization
- 07 – Left against medical advice or discontinued care
- 08 – Discharged or transferred to home under care of a Home IV provider
- 09 – Admitted as an inpatient to this hospital
- 20 – Expired
- 30 – Still patient or expected to return for outpatient services.
- 40 – Expired at home.
- 41 – Expired in a medical facility: e.g., hospital, SNF, ICF, or free standing hospice.
- 42 – Expired, place unknown.

**Field Name: Date Billed**

*Description* – Date the claim was submitted for processing.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Overhead Amount**

*Description* – Extra dollar amount paid to Home Health providers.

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field Name: Cert Code**

*Description* – Code used to identify the certification of the member.

*Format* – Two alphanumeric characters

*Features* – Protected, display only

**Field Name: Billed Amount**

*Description* – Amount requested by the provider for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Patient Acct No**

*Description* – Unique identification number assigned by the provider to track patient financial records

*Format* – Twelve characters

*Features* – Protected, display only

**Field Name: Signature**

*Description* – Indicates if the claim was signed by the provider or representative

*Format* – Yes or no

*Features* – Protected, display only

**Field Name: Disp Share Amount**

*Description* – The lost opportunity costs.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Next ICN**

*Description* – This field allows the user to enter the ICN of the next claim to be viewed.

*Format* – Thirteen characters

*Features* – None

*Edit* – 91046 – New key is required!

*To correct* – Key in an ICN number

*Edit* – ICN must be numeric!

*To correct* – Verify entry and select Inquire or press **Enter**.

*Edit* – ICN must be 13 digits!

*To correct* – Verify entry and select Inquire button or press **Enter**.

*Edit* – MMIS batch range is invalid!

*To correct* – Verify entry and select Inquire or press **Enter**.

*Edit* – AIM batch range is invalid!

*To correct* – Verify entry and select Inquire or press **Enter**.

*Edit* – Record not found - please try again!

*To correct* – Verify entry and select Inquire or press Enter.

**Field Name: Detail No.**

*Description* – Identifies detail information

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Detail Stat**

*Description* – Indicates the status of the detail

*Format* – One alpha character

*Features* – Protected, display only

Valid Values:

P = Paid

S = Suspended

D = Denied



**Field Name: Rev Code**

*Description* – The code that identifies a specific accommodation or ancillary service

*Format* – Three numeric characters

*Features* – Protected, display only

**Field Name: Proc Code**

*Description* – Identifies the HCPCS code used for the detail.

*Format* – Five alphanumeric characters

*Features* – Protected, display only

**Field Name: DOS**

*Description* – The date the service was provided.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Units Billed**

*Description* – The number of units billed.

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field Name: Billed Amt**

*Description* – Amount of money requested for payment by a provider for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL, CLAIM02PBL

*Window* – W\_BASE\_INQUIRY\_CLAIM

W\_UB-92\_DENIED

Menu – M\_CLAIM\_INQUIRY

Data window – DW\_UB-92\_HDR\_DENIED

DW\_UB-92\_DTL\_DENIED

## System Features

Double click the window to access Provider, Recipient, or TPL databases.

Double click the detail to access the Inquiry By window to allow further access to the HCPC Procedure Maintenance window.

The EOBs/Errors button and menu options are enabled only if codes exist.

The COB button is visible and enabled only when COB information is available on the claim(s).

Detail data scrolls vertically when more than four details exist.

## **Section 7: Suspended UB-92 Claim Window**

---

### **Introduction**

The Suspended UB-92 Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The UB-92 Details section of the window displays all the information entered in the detail lines of a Suspended UB-92 Claim. The COB button is visible and enabled only when COB information is found. The COB button accesses the UB-92 Coordination of Benefits Header window. The EOB/Errors button and menu options are enabled only if codes exist. The data window scrolls vertically when more than four details exist. The Suspended UB-92 Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.
- The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found only when COB information is available on the Claim(s).
- The recipient database accesses recipient information pertinent to the RID number on the screen.
- The provider database accesses provider information pertinent to the provider identification number on the screen.
- The TPL database accesses TPL information pertinent to the TPL amount on the screen.

Double click any field within the Suspended UB-92 Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database.

Double click any field on the detail line of the Suspended UB-92 Claim window to display the Inquire By window. From this window the user can access the Reference database for either the revenue code or procedure code billed on the claim.

**Suspended UB92 Claim**

File Edit Applications Options Claim

ICN:  Claim Type:  Type of Bill:  Claim Status:  Txn Type:  No. of Details:

RID No.:  Recip Last Name:  Recip First Name:

Provider/Location:  A Days Covered:  From DOS:  To DOS:

Attending License:  Admit Hour/Type:   Admit Date:  Allowed Amount:

Other Prov License 1:  Attending Taxonomy:  Date Billed:  Overhead Amount:

Other Prov License 2:  Cert. Code:  Billed Amount:  Disp. Share Amount:

Patient Acct No:  Signature:  Patient Status:  Attachment:

Detail No.	Stat	Rev Code	Proc Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	DOS	Units Billed	Billed Amt	Allowed Amt
019	P	460	94760					2004/03/23	1	\$24.89	\$0.0
020	D	730	93005					2004/03/23	1	\$152.06	\$0.0
021	P	730	93005					2004/03/24	1	\$152.06	\$0.0
022	P	730	93041					2004/03/23	1	\$37.06	\$0.0

Next ICN:

Figure 7.1 – Suspended UB-92 Claim

Suspended UB-92 Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Condition
Exit	Paste	Claims	EOBs/Errors	Diagnosis
Audit	Cut	Financial	CCF Xref	ICD-9-CM
Exit IndianaAIM		Managed Care	Location	Inpatient
		MARS	Related History	Occurrence
		Prior Authorization	Adj Information	Payer
		Provider	Cash Disposition	Value
		Recipient		COB
		Reference		
		Security		
		SURS		
		Third Party Liability		

Figure 7.2 – Suspended UB-92 Claim Window Menu Tree

This is an illustration of the menu tree for the Suspended UB-92 Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Suspended UB-92 Claim window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

## Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed, or exit IndianaAIM.

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This menu selection allows the user to make adjustments to the data.

*Copy* – Transfers copied text to another area.

*Paste* – Inserts text cut or copied from another area.

*Cut* – Removes text and places it on the clipboard.

### **Menu Selection: Applications**

This menu selection allows access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows.

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows.

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

### **Menu Selection: Options**

This menu selection allows the user to select different system functions from the menu bar.

*Inquire* – Allows the user to view a different claim.

*EOBs/Errors* – Allows the user to view the EOB and Errors about the claim header.

*CCF Xref* – Allows the user to view the ICN of the CCF that was used to correct the claim.

*Location* – Allows the user to see the claim location.

*Related History* – Allows the user to view related claims from history.

*Adj Information* – Allows the user to access adjustment related information associated with a paid claim.

*Cash Disposition* – Allows the user to access cash related information associated with a paid refund adjustment claim.

*RTS* – Allows the user to view the Return To Sender letter for the claim.

*Hlth Pgm Xref* – Allows the user to view the health program associated with that particular claim.

### **Menu Selection: Claim**

This menu selection allows the user to access specific claim information.

*Condition* – Allows the user to view the conditions codes relating to this bill that may affect payer processing.

*Diagnosis* – Allows the user to view the primary and other ICD-9-CM diagnosis codes.

*ICD-9-CM* – Allows the user to view the ICD-9-CM procedure codes.

*Inpatient* – Allows the user to view the DRG pricing for the claim.

*Occurrence* – Allows the user to view the occurrence codes and date the event took place.

*Payer* – Allows the user to view payer information that includes the payer code, prior payment amount, and estimated amount due.

*Value* – Allows the user to view the value codes on the claim.

*COB* – Allows the user to view any claim(s) that have been identified as having COB information.

## **Field information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Claim Type**

*Description* – Indicates the type of claim.

*Format* – Twenty characters

*Features* – Protected, display only

Valid Values:

Inpatient

Outpatient

Home Health

Nursing Home

Crossover A

Crossover C

**Field Name: Type Of Bill**

*Description* – Code indicating the specific type of bill

*Format* – Three alphanumeric characters

*Features* – Protected, display only

Valid Values:

Hosp Inpatient: 110, 111, 112, 113, 114, 115, 116, 117, 118

Hosp Outpatient: 130, 131, 135, 136, 137, 138

Hosp Other DX Svcs: 140, 141, 145, 146, 147, 148

Hosp Dialysis Center: 720, 721, 725, 726, 727, 728

Hosp Hospice: 820, 821, 822, 823, 824, 825, 826, 827, 828

Skilled Nursing: 210, 211, 215, 216, 217, 218

Intermediate Care Fac: 650, 651, 655, 656, 657, 658

ICF/MR: 660, 661, 665, 666, 667, 668

CRF/DD: 670, 671, 675, 676, 677, 678

Home Health: 330, 331, 335, 336, 337, 338

Free Standing Clinic: 730, 731, 735, 736, 737, 738

Outp Rehab Facility: 740, 741, 745, 746, 747, 748

Hospice - Non Hospital: 810, 811, 815, 816, 817, 818

Hospice - Hospital Based: 820, 821, 825, 826, 827, 828

Ambulatory Surgery Ctr: 830, 831, 835, 836, 837, 838



**Field Name: Claim Status**

*Description* – Displays the status of the claim.

*Format* – Nine alphabetic characters

*Features* – Protected, display only

Valid Values:

Suspended

**Field Name: Txn Type**

*Description* – Not currently used.

*Format* – One alphanumeric character

*Features* – Protected, display only

**Field Name: No of Details**

*Description* – The number of detail service lines on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: RID No**

*Description* – A system assigned number that identifies a member.

*Format* – Twelve characters

*Features* – Protected, display only

**Field Name: Recip Last Name**

*Description* –The last name of the member associated with the RID. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Recip First Name**

*Description* – The first name of the member associated with the RID. If there is no association between the first name and the RID number, the first character of the first name keyed is displayed.

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Provider/Location**

*Description* – The billing provider identification number and location that identifies the provider of services

*Format* – Nine numeric characters and one alpha character

*Features* – Protected, display only

**Field Name: Days Covered**

*Description* – Number of days covered by the primary payer

*Format* – Three numeric characters

*Features* – Protected, display only

**Field Name: From DOS**

*Description* – Beginning date of service on the claim

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: To DOS**

*Description* – Ending date of service on the claim.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Attending License**

*Description* – The license number of the physician who normally certifies or recertifies the medical necessity of the services rendered and who has primary responsibility for the patient's medical care and treatment.

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Admit Hour**

*Description* – The hour the member was admitted.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Admit Type**

*Description* – Code indicating priority of the admission

*Format* – One numeric character

*Features* – Protected, display only

Valid Values:

1 = Emergency

2 = Urgent

3 = Elective

4 = Newborn

Required for inpatient and outpatient claims

Optional for nursing home

**Field Name: Admit Date**

*Description* – The date the patient was admitted to the facility for care.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Allowed Amount**

*Description* – Amount allowed to the provider.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Other Prov License 1**

*Description* – The license number of the physician other than the attending physician.

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Other Prov License 2**

*Description* – The license number of the physician other than the attending physician.

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Patient Status**

*Description* – Code that indicates the patient's status as of the ending service date of the period covered on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

Valid Values:

- 01 - Discharged to home or self care, routine discharge
- 02 – Discharged or transferred to another short term general hospital for inpatient care.
- 03 – Discharged or transferred to a skilled nursing facility (SNF)
- 04 – Discharged or transferred to an intermediate care facility (ICF)
- 05 – Discharged or transferred to another type of institution for inpatient care or referred for outpatient services to another institution.
- 06 – Discharged or transferred to home under care of organized home health service organization.
- 07 – Left against medical advice or discontinued care.
- 08 – Discharged/transferred to home under care of a Home IV provider
- 09 – Admitted as an inpatient to this hospital.
- 20 – Expired
- 30 – Still patient or expected to return for outpatient services.
- 40 – Expired at home.
- 41 – Expired in a medical facility: e.g., hospital, SNF, ICF, or free-standing hospice.
- 42 – Expired, place unknown.

**Field Name: Date Billed**

*Description* – Date the claim was submitted for processing.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Overhead Amount**

*Description* – Extra dollar amount paid to Home Health providers.

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field Name: Cert Code**

*Description* – Code used to identify the certification of the member.

*Format* – Two alphanumeric characters

*Features* – Protected, display only

**Field Name: Billed Amount**

*Description* – Amount requested by the provider for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Patient Acct No**

*Description* – Identification number assigned by the provider to track patient financial records

*Format* – Twelve characters

*Features* – Protected, display only

**Field Name: Signature**

*Description* – Indicates if the claim was signed by the provider or representative

*Format* – Yes or no

*Features* – Protected, display only

**Field Name: Disp Share Amount**

*Description* – The lost opportunity costs

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Next ICN**

*Description* – This field allows the user to enter the ICN of the next claim to view.

*Format* – Thirteen characters

*Features* – None

*Edit* – 91046 – New key is required!

*To correct* – Key in an ICN number

*Edit* – ICN must be numeric!

*To correct* – Verify entry and select Inquire or press **Enter**.

*Edit* – ICN must be 13 digits!

*To correct* – Verify entry and select Inquire or press **Enter**.

*Edit* – MMIS batch range is invalid!

*To correct* – Verify entry and select Inquire or press **Enter**.

*Edit* – AIM batch range is invalid!

*To correct* – Verify entry and select Inquire or press **Enter**.

*Edit* – Record not found - please try again!

*To correct* – Verify entry and select Inquire or press **Enter**.

**Field Name: Detail NO.**

*Description* – Identifies the detail the information is for.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Detail Stat**

*Description* – Indicates the status of the detail.

*Format* – One alphabetic character

*Features* – Protected, display only

Valid Values:

P = Paid

S = Suspended

D = Denied

**Field Name: Rev Code**

*Description* – The code that identifies a specific accommodation or ancillary service

*Format* – Three numeric characters

*Features* – Protected, display only

**Field Name: Proc Code**

*Description* – Identifies the HCPCS code used for the detail.

*Format* – Five alphanumeric characters

*Features* – Protected, display only

**Field Name: DOS**

*Description* – Date the service was provided

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: Units Billed**

*Description* – Number of units billed

*Format* – Seven numeric characters

*Features* – Protected, display only

**Field Name: Billed Amt**

*Description* – Amount of money requested for payment by a provider for services rendered.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Allowed Amt**

*Description* – The lesser of the billed amount and the allowed amount on file (applies to HomeHealth and Outpatient claims only)

*Format* – Nine numeric characters

*Features* – Protected, display only

## Other Messages

None

## System Information

*PBL* – CLAIM01.PBL, CLAIM02PBL

*Window* – W\_BASE\_INQUIRY\_CLAIM

W\_UB-92\_SUSPENDED

*Menu* – M\_CLAIM\_INQUIRY

*Data window* – DW\_UB-92\_HDR\_SUSPENDED

DW\_UB-92\_DTL\_SUSPENDED

## System Features

Double click the window to access to Provider, Recipient, or TPL databases.

Double click the detail to access to the Inquiry By window to allow further access to the HCPC Procedure Maintenance window.

The EOBs/Errors button and menu options are enabled only if codes exist.

The COB button is visible and enabled only when COB information is available on the claim(s).

Detail data scrolls vertically when more than four details exist.



## Section 8: UB-92 Condition Codes Window

---

### Introduction

The UB-92 Condition Codes window displays the Condition Codes applicable to the claim. These codes are generated to identify conditions relating to this bill that may affect payer processing.

Seq.	Condition
------	-----------

Figure 8.1 – UB-92 Condition Codes Window

UB-92 Condition Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 8.2 – UB-92 Condition Codes Window Menu Tree

This is an illustration of the menu tree for the UB-92 Condition Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Condition Codes window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Applications**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows.

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Seq**

*Description* – Sequence number

*Format* – Two numeric characters

*Features* – Protected, display only

### **Field Name: Condition**

*Description* –A code used to identify conditions relating to this bill that may affect payer processing.

*Format* – Two alphanumeric characters

*Features* – Protected, display only

Valid Values:

Insurance Codes:

02 - Condition is employment related

03 - Patient covered by insurance not reflected here

05 - Lien has been filed

Accommodations:

40 - Same day transfer

Prospective Payment:

60 - Day outlier

61 - Cost outlier

82 - Noncovered by other insurance

Special program indicator codes:

A7 - Induced abortion, danger to life

A8 - Induced abortion, victim of rape/incest

### **Other Messages**

None

### **System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_UB-92\_CONDITION

*Menu* – C\_CLAIM\_GENERIC\_MAINT

*Data Window* – DW\_UB-92\_CONDITION

## **System Features**

Click **Exit** to exit the UB-92 Condition Codes window.



## Section 9: UB-92 Diagnosis Codes Window

---

### Introduction

The UB-92 Diagnosis Codes window displays the Diagnosis Codes applicable to the claim. This window includes the primary and other ICD-9-CM diagnosis codes. The primary diagnosis code is the ICD-9-CM code describing the condition established after study to be chiefly responsible for the reason of admitting the patient. The other diagnosis codes are the ICD-9-CM codes corresponding to additional conditions that co-exist at the time of admission, or develop after, and which affect the treatment received or the length of stay.

Seq.	Diagnosis
1	V3001
2	7661
3	7771
4	7718
5	94224

Figure 9.1 – UB-92 Diagnosis Codes Window

UB-92 Diagnosis Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 9.2 – UB-92 Diagnosis Codes Window Menu Tree

This is an illustration of the menu tree for the UB-92 Diagnosis Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Diagnosis Codes window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.



*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Applications**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click Security to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Seq**

*Description* –Sequence number

*Format* – Two numeric characters

*Features* – Protected, display only

### **Field Name: Diagnosis**

*Description* – ICD-9-CM code used to identify the primary or other diagnoses.

*Format* – Five alphanumeric characters

*Features* – Protected, display only

## **System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_UB-92\_DIAGNOSIS

*Menu* – M\_CLAIM\_GENERIC\_MAINT

*Data Window* – DW\_UB-92\_DIAGNOSIS

## **System Features**

Click **Exit** to exit the UB-92 Diagnosis Codes window.

Double click the Diagnosis code to view the Diagnosis Maintenance window.

## Section 10: UB-92 ICD-9-CM Procedure Codes Window

---

### Introduction

The UB-92 ICD-9-CM Procedure Codes window displays the ICD-9-CM Procedure Codes applicable to the claim. This window includes both the principal and other ICD-9-CM procedure codes. The principal procedure code is the ICD-9-CM code that identifies the procedure performed during the period covered by this bill and the date on which the principal procedure was performed. The other procedure codes are the ICD-9-CM codes that identify all significant procedures other than the principal procedure and the dates on which they were performed.

ICD-9-CM		
Seq.	Procedure	Date
1	9604	1995/09/07
2	9393	1995/09/07
3	640	1995/09/09

Figure 10.1 – UB-92 ICD-9-CM Procedure Codes Window

UB-92 ICD 9 CM Procedure Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 10.2 – UB-92 ICD CM Procedure Codes Window Menu Tree

This is an illustration of a menu tree for the UB-92 ICD-9-CM Procedure Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 ICD-9-CM Procedure Codes window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

## Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Applications**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Seq**

*Description* – Sequence number

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: ICD-9-CM Procedure**

*Description* – Code used to identify the principal or other procedures

*Format* – Four alphanumeric characters

*Features* – Protected, display only

**Field Name: Date**

*Description* – Date the ICD-9-CM procedure was performed

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_UB-92\_ICD9CM

*Menu* – M\_CLAIM\_GENERIC\_MAINT

*Data Window* – DW\_UB-92\_ICD9CM

**System Features**

Click **Exit** to exit the UB-92 ICD-9-CM Procedure Codes window.

## Section 11: UB-92 Occurrence Codes Window

---

### Introduction

The UB-92 Occurrence Codes window displays the Occurrence Codes applicable to the claim. This window includes the code and dates the event took place.

Seq.	Occurrence Code	Begin Date	End Date
01	51	1995/09/09	0000/00/00

Figure 11.1 – UB-92 Occurrence Codes Window

UB-92 Occurrence Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 11.2 – UB-92 Occurrence Codes Window Menu Tree

This is an illustration of a menu tree for the UB-92 Occurrence Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Occurrence Codes window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.



*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Applications**

This menu selection allows the following options:

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows.

*Managed Care* – Click **Managed Care** to access the Managed Care windows.

*MARS* – Click **MARS** to access MARS windows.

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Seq**

*Description* – Sequence number

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Occurrence Code**

*Description* –The code that identifies a significant event relating to this bill that may affect payer processing.

*Format* – Two alphanumeric characters

*Features* – Protected, display only

Valid Values:

- 01 - Auto accident
- 02 - No fault insurance involved, including auto accident or other
- 03 - Accident/Tort liability
- 04 - Accident/Employment related
- 05 - Other accident
- 06 - Crime victim
- 25 - Date benefits terminated by primary payer
- 27 - Date Home Health Plan established or last reviewed
- 50 - Previous hospital discharge
- 51 - Date of discharge
- 52 - Initial examination

**Field Name: Begin Date**

*Description* –The date the occurrence happened.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Field Name: End Date**

*Description* –The date when the occurrence code ended.

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Other Messages**

None

## **System Information**

*PBL – CLAIM01.PBL*

*Window – W\_UB-92\_OCCURRENCE*

*Menu – M\_CLAIM\_GENERIC\_MAINT*

*Data Window – DW\_UB-92\_OCCURRENCE*

## **System Features**

Click **Exit** to exit the UB-92 Occurrence Codes window.



## Section 12: UB-92 Payer Information Window

---

### Introduction

The UB-92 Payer Information window displays the Payer Information applicable to the claim. This window includes the payer code, prior payment amount and the estimated amount due.

Seq.	Payer Code	Prior Payment Amt	Estimated Amt Due
01	C	\$0.00	\$2,095.04

Figure 12.1 – UB-92 Payer Information Window

UB-92 Payer Information	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 12.2 – UB-92 Payer Information Window Menu Tree

This is an illustration of the menu tree for the UB-92 Payer Information window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Payer Information window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Applications**

This menu option allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Seq**

*Description* – Sequence of payer information as it appears on the claim.

*Format* – Thirteen characters

*Features* – None

**Field Name: Payer Code**

*Description* – The code that identifies the organization the provider might expect some payment from

*Format* – One alphabetic character

*Features* – Protected, display only

Valid Values:

A = Medicare

B = Other Insurance

C = Indiana Health Coverage Programs

**Field Name: Prior Payment Amt**

*Description* – The amount the hospital has received toward payment of this bill prior to the billing date by the payer.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Estimated Amt Due**

*Description* – The amount estimated by the hospital that is due from the payer.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_UB-92\_PAYER

*Menu* – M\_CLAIM\_GENERIC\_MAINT

*Data Window* – DW\_UB-92\_PAYER



## **System Features**

Click **Exit** to exit the UB-92 Payer Information window.



## Section 13: UB-92 Value Codes Window

---

### Introduction

The UB-92 Value Codes window displays the Value Codes applicable to the claim. This window includes the value code and the amount of the value.

Seq.	Value	Amount
------	-------	--------

Figure 13.1 – UB-92 Value Codes Window

UB-92 Value Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 13.2 – UB-92 Value Codes Window Menu Tree

This is an illustration of the menu tree for the UB-92 Value Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Value Codes window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Applications**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Seq**

*Description* – Sequence number as they appeared on the claim.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Value**

*Description* – A code that relates the value used to identify data elements necessary to process the claim.

*Format* – Two alphanumeric characters

*Features* – Protected, display only

**Field Name: Amount**

*Description* – The amount of the value code used to identify data elements that are necessary to process the claim.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Other Messages**

None

**System Information**

PBL – CLAIM01.PBL

Window – W\_UB-92\_VALUE

Menu – M\_CLAIM\_GENERIC\_MAINT

Data Window – DW\_UB-92\_VALUE

**System Features**

Click **Exit** to exit the UB-92 Value Codes window.

## Section 14: UB-92 Inpatient DRG/LOC Inquiry Window

---

### Introduction

The UB-92 Inpatient DRG/LOC Inquiry window allows the user to view the DRG and LOC data for the claim.

UB92 Inpatient DRG/LOC Inquiry

File Applications

ICN:

DRG: 0628 MDC: 15 Level of Care:

Base Payment Amount: 2,313.36 Outlier Indicator: ☐

Outlier: 0.00 2nd DRG Diagnosis: 7718

Capital Cost: 245.73 3rd DRG Diagnosis:

Medical Education Cost: 0.00 CC Diagnosis:

Total: 2,559.09 O.R. Procedure:

Exit

Figure 14.1 – UB-92 Inpatient DRG/LOC Inquiry Window

UB-92 Inpatient DRG/LOC Inquiry	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Exit IndianaAIM	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 14.2 – UB-92 Inpatient DRG/LOC Inquiry

This is an illustration of the menu tree for the UB-92 Inpatient DRG/LOC Inquiry window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Inpatient DRG/LOC Inquiry window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.



*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Application**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: DRG**

*Description* – A code identifying the classification of diagnoses in which patients demonstrate similar resource consumption and length of stay patterns.

*Format* – Four numeric characters

*Features* – Protected, display only

### **Field Name: MDC**

*Description* – A broad classification of diagnoses that group DRGs into one of the mutually exclusive MDCs

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: Level Of Care**

*Description* – A per diem rate paid for treatment of a diagnosis or performing a procedure that is not paid through the DRG system.

*Format* – Three numeric characters

*Features* – Protected, display only

**Field Name: Base Payment Amount**

*Description* – The rate determined by multiplying the OMPP assigned “base” payment amount by the relative weight assigned by the DRG grouper

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Outlier**

*Description* – An inpatient stay that is based on the total billed amount and exceeds a predetermined threshold defined as the greater of twice the DRG rate or \$25,000.

*Features* – Protected, display only

**Field Name: Capital Cost**

*Description* – The additional payment adjustment for new construction or equipment

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Medical Education Cost**

*Description* – The cost incurred by a specific hospital for training physicians, nurses, and other health care professionals.

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Total**

*Description* – Sum of the Base Payment Amount, Outlier, Capital Cost, and the Medical Education Cost

*Format* – Nine numeric characters

*Features* – Protected, display only

**Field Name: Outlier Indicator**

*Description* – Indicates if the Inpatient stay has met outlier payment criteria.

*Format* – One numeric character

*Features* – Protected, display only

**Field Name: 2nd DRG Diagnosis**

*Description* – Secondary diagnosis code on the claim.

*Format* – Five numeric characters

*Features* – Protected, display only

**Field Name: 3rd DRG Diagnosis**

*Description* – Third diagnosis code on the claim

*Format* – Five numeric characters

*Features* – Protected, display only

**Field Name: CC Diagnosis**

*Description* – CCs are complications or comorbid conditions. Comorbidity is a pre-existing condition that, because of its presence with a diagnosis, causes an increase in length of stay by at least one day in approximately 75 percent of the cases. Complications of a condition are those that arose during the hospital stay that prolong the length of stay at least one day in approximately 75 percent of the cases.

*Format* – Five numeric characters

*Features* – Protected, display only

**Field Name: O.R. Procedure**

*Description* – A procedure that falls into a predefined group of procedures that normally require the use of an operating room.

*Format* – Five numeric characters

*Features* – Protected, display only

**Other Messages**

None

## **System Information**

PBL – CLAIM01.PBL

Window – W\_UB-92\_INPATIENT

Menu – W\_BASE\_INQUIRY

Data Window – DW\_UB-92\_INPATIENT

## **System Features**

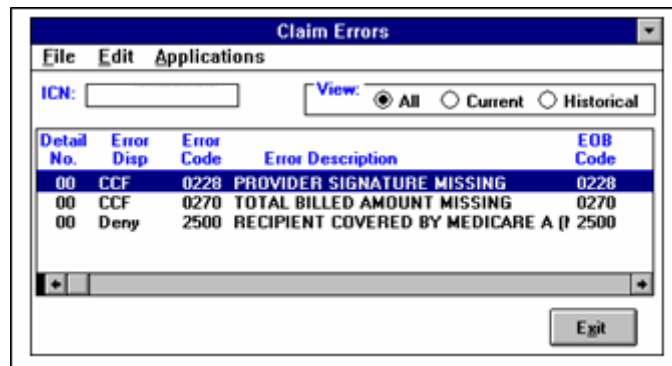
Click **Exit** at the bottom of the window to exit the window.

## Section 15: Claim Errors Window

---

### Introduction

The Claim Errors window can be accessed from the paid denied or suspended claim windows. This window displays the header and or detail errors applicable to the claim being viewed.



The screenshot shows a window titled "Claim Errors" with a menu bar (File, Edit, Applications) and a "View:" section with radio buttons for "All", "Current", and "Historical". Below this is a table with five columns: "Detail No.", "Error Disp", "Error Code", "Error Description", and "EOB Code". The table contains three rows of error data. At the bottom right is an "Exit" button.

Detail No.	Error Disp	Error Code	Error Description	EOB Code
00	CCF	0228	PROVIDER SIGNATURE MISSING	0228
00	CCF	0270	TOTAL BILLED AMOUNT MISSING	0270
00	Deny	2500	RECIPIENT COVERED BY MEDICARE A (P 2500	

Figure 15.1 – Claim Errors Window

Claim Errors		
File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Claims
Audit	Cut	Financial
Exit IndianaAIM	Managed Care	MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 15.2 – Claim Errors Window Menu Tree

This is an illustration of the menu tree for the Claim Errors window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Errors window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press **Alt** and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This command allows the following options:

*Copy* – Transfers text to another area.

*Paste* – Inserts text cut or copied from another area.

*Cut* – Removes text and places it on the clipboard.

### **Menu Selection: Applications**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number used to uniquely identify a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

**Field Name: Detail No**

*Description* – The number of the header (00) or detail (01-52) for a specific claim that is in error

*Format* – Three numeric characters

*Features* – Protected, display only

**Field Name: Error Disp**

*Description* – Indicates the claim disposition applicable to the edit or audit

*Format* – Blank/CCF/Suspend/Deny

*Features* – Protected, display only

**Field Name: Error Code**

*Description* – Code used to identify the edit or audit

*Format* – Four numeric characters

*Features* – Protected, display only

**Field Name: Error Description**

*Description* – Description of the edit or audit

*Format* – Fifty characters

*Features* – Protected, display only

**Field Name: EOB Code**

*Description* – Code number attached to an EOB message

*Format* – Four numeric characters

*Features* – Protected, display only

**Field Name: Status**

*Description* – Indicates the status of the EOB code

*Format* – Eight alpha characters

*Features* – None



## **Other Messages**

None

## **System Information**

PBL – CLAIM01.PBL

Window – W\_CLAIM\_ERRORS

Menu – M\_CLAIM\_GENERIC\_MAINT

Data Window – DW\_CLAIM\_ERROR

DW\_CLAIM\_ICN

## **System Features**

Click **Exit** to exit the window and return to the previous window.

The view by selection criteria at the top of the window allows the user to view claim errors. When the All selection is chosen all errors for the claim are displayed, when current is selected only the current errors is displayed. The Historical selection is not currently used.



## Section 16: Claim EOBs Window

---

### Introduction

The Claim EOBs window displays the EOB codes and messages applicable to the claim. These codes and messages are generated to explain and inform the provider the reason for the claim being paid, denied, or suspended.

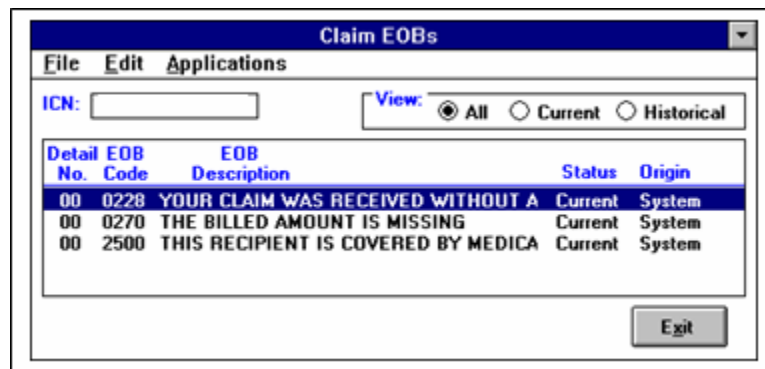


Figure 16.1 – Claim EOBs Window

Claim EOBs		
File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Claims
Audit	Cut	Financial
Exit IndianaAIM	Managed Care	
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 16.2 – Claim EOBs Window Menu Tree

This is an illustration of the menu tree for the Claim EOBs window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim EOBs window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This menu selection allows the following options:

*Copy* – Transfers the copied text to another area.

*Paste* – Inserts text cut or copied from another area.

*Cut* – Removes text and places it on the clipboard.

### **Menu Selection: Applications**

This menu option allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim

*Format* – Thirteen characters

*Features* – Carried from claim header or detail window ICN field

**Field Name: Detail No**

*Description* – Indicates detail number the EOB message is attached for.

*Format* – Two numeric characters

*Features* – Protected, display only

**Field Name: EOB Code**

*Description* – Code number attached to an EOB message.

*Format* – Four numeric characters

*Features* – Protected, display only

**Field Name: EOB Description**

*Description* – Message sent out to provider explaining an error condition or denial of a claim

*Format* – Sixty five characters

*Features* – Protected, display only

**Field Name: Origin**

*Description* – Indicates who generated the EOB code and message

*Format* – System or user

*Features* – Protected, display only

**Field Name: Status**

*Description* – Indicates the status of the EOB code

*Format* – Eight alphabetic characters

*Features* – None

**Other Messages**

None

**System Information**

PBL – CLAIM01.PBL

Window W\_CLAIM\_EOBS

*Menu* – M\_CLAIM\_GENERIC\_MAINT

*Data Window* – DW\_CLAIM\_EOBS

DW\_CLAIM\_ICN

## **System Features**

Click **Exit** to exit the Claim EOB Codes window and return to the previous window.

The view by selection criteria at the top of the window allows the user to view claim EOBs. When the All selection is chosen all EOBs for the claim are displayed, when current is selected only the current EOBs are displayed. The Historical selection is not currently used.





## Section 17: Claim Location Window

---

### Introduction

This window shows the specific location code the claim set for. This window is not updateable. It is shared by all claim types.

Location	Location Date	Time
66	1995/10/20	06:43:28

Figure 17.1 – Claim Location Window

Claim Location	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 17.2 – Claim Location Window Menu Tree

This is an illustration of a menu tree for the Claim Location window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Location window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Applications**

This menu section allows the following options:

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Location**

*Description* – Indicates claim location within the claims processing system.

*Format* – Two numeric characters

*Features* – Protected, display only

Valid Values:

- 00 - Validity edits
- 01 - Provider related edits
- 02 - Recipient related edits
- 03 - PA related edits
- 04 - Procedure code related edits
- 20 - History related audits (dup audits)
- 21 - Medical policy related edits and audits
- 22 - Medical Policy
- 23 - Manual Pricing
- 30 - SUR Provider
- 31 - SUR Recipient
- 40 - CCF
- 41 - Recycle
- 42 - Hold
- 43 - IFSSA
- 44 - CSHCS
- 45 - Converted Adjustments
- 46 - Converted 590 Adjustments
- 50 - Non-check related Adjustments
- 51 - Check Related Adjustments
- 54 - Mass Adjustments-Void txns
- 55 - Mass Adjustments-Retro Rate
- 56 - Mass Adjustments
- 57 - Adjustments reprocessed by EDS
- 58 - Open
- 59 - Open
- 66 - Claim denied
- 90 - Special processing
- 97 - Fiscal Pend

98 - Claim approved for payment

99 - Claim paid

***Field Name: Location Date***

*Description* – Date the claim went to this location

*Format* – Eight numeric characters in CCYYMMDD format

*Features* – Protected, display only

**Other Messages**

None

**System Information**

PBL – CLAIM01.PBL

Window – W\_CLAIM\_LOCATION

Menu – M\_CLAIM\_GENERIC\_MAINT

Data Window – DW\_CLAIM\_LOCATION

**System Features**

Clicking **Exit** to close the window.



## Section 18: Related Claim History Window

---

### Introduction

The Related Claim History window lists other claims that are related to the current claim. The window is not updatable and is shared by all claim types. This window is used to validate medical policy audits, duplicate check audits, umbrella audits, limitation audits, bundling, and unbundling audits.

Detail Number	Related ICN	Related Detail
01	40 94214 374 650	01
02	40 94244 667 130	03
03	40 94244 667 130	02
04	40 94321 660 350	04

Figure 18.1 – Related Claim History Window

Related Claim History		
File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Case Management
Audit	Cut	Claims
Exit IndianaAIM		Financial
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		Third Party Liability

Figure 18.2 – Related Claim History Window Menu Tree

This is an illustration of a menu tree for the Related Claim History window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Related Claim History window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.



*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This menu selection allows the following options:

*Copy* – Transfers text to another area

*Paste* – Inserts text cut or copied from another area

*Cut* – Removes text and places it on the clipboard

### **Menu Selection: Applications**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

**Field Name: Detail Number**

*Description* – Indicates the current detail line related to the history claim displayed.

*Format* – Two numeric characters

*Features* – Protected display only

**Field Name: Related ICN**

*Description* – ICN of the related claim

*Format* – Thirteen characters

*Features* – None

**Field Name: Related Detail**

*Description* – Indicates the history detail line related to the current detail line.

*Format* – Two numeric characters,

*Features* – Protected, display only

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_CLAIM\_RELATED\_HISTORY

*Menu* – M\_CLAIM\_GENERIC\_INQUIRY

*Data Window* – DW\_CLAIM\_RELATED\_HISTORY

**System Features**

Click **Exit** at the bottom of the window to exit the current window.

## Section 19: CCF Cross Reference Window

---

### Introduction

The CCF Cross Reference window displays the ICN of the claim correction form returned by the provider. The resolution specialist enters the ICN during data corrections.

The screenshot shows a software window titled "CCF Cross Reference". It features a menu bar with "File" and "Applications". Below the menu bar, there is a label "ICN:" followed by a text input field. Underneath the input field is a table with a single header row labeled "CCF Number" and one empty data row. At the bottom right of the window is an "Exit" button.

Figure 19.1 – CCF Cross Reference Window

CCF Cross Reference		
File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Case Management
Audit	Cut	Claims
Exit IndianaAIM		Financial
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		Third Party Liability

Figure 19.2 – CCF Cross Reference Window Menu Tree

This is an illustration of the menu tree for the CCF Cross Reference window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the CCF Cross Reference window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This menu selection allows the following options:

*Copy* – Transfers copied text to another area.

*Paste* – Inserts text cut or copied from another area.

*Cut* – Removes text and places it on the clipboard.

### **Menu Selection: Applications**

This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

**Field Name: CCF Number**

*Description* – ICN of the claim correction form.

*Format* – Thirteen characters

*Features* – None

**Other Messages**

None

**System Information**

PBL – CLAIM01.PBL

Window – W\_CLAIM\_CCF\_XREF

Menu – M\_CLAIM\_GENERIC\_MAINT

Data Window – DW\_CLAIM\_CCF\_XREF

**System Features**

The CCF number always has a region code of 12.

## Section 20: Claim to Check Xref Window

---

### Introduction

The Claim to Check Xref window allows the user to view the total amount paid from the current RA for a specific claim.

Claim to Check Xref

File Applications

ICN:

Check Number:	<input type="text"/>	Issue Date:	1995/11/01
Billing Provider:	<input type="text"/>	Service Location:	A
Total Paid Amount:	108,735.79	Check Status:	I

Exit

Figure 20.1 – Claim to Check Xref Window

Claim to Check Xref	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Exit IndianaAIM	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 20.2 – Claim to Check Xref

This is an illustration of the menu tree for the Claim to Check Xref window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim to Check Xref window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

## Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.



This menu selection allows the user to gain access to all the functional areas available in IndianaAIM.

## Menu Selection: Application

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## Field Information

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Check Number**

*Description* – This field displays the number of the check that the provider received.

*Format* – Nine numeric characters

*Features* – None

### **Field Name: Billing Provider**

*Description* – Displays the billing provider ID who received the check.

*Format* – Nine numeric characters

*Features* – None

**Field Name: Total Paid Amount**

*Description* – Displays the check total amount that was issued to the provider.

*Format* – Eight numeric characters in 999,999.99 format

*Features* – None

**Field Name: Issue Date**

*Description* – Displays the date the check was issued.

*Format* – Eight numeric characters in CCYY/MM/DD format

*Features* – None

**Field Name: Service Location**

*Description* – Displays the billing provider service location.

*Format* – One alphabetic character

*Features* – None

**Field Name: Check Status**

*Description* – Displays the status of the check.

*Format* – One alpha character

*Features* – None

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_CLAIM\_CHECK\_XREF

*Menu* – M\_CLAIM\_GENERIC\_INQUIRY

*Data Window* – DW\_CLAIM\_CHECK\_XREF

## **System Features**

None

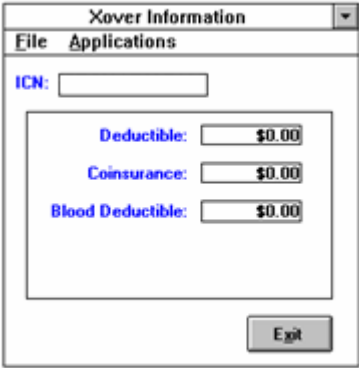


## Section 21: UB-92 Xover Information Window

---

### Introduction

The UB-92 Xover Information window displays the Crossover information applicable to claim types A and C. These amounts are generated to show what is paid on an Institutional Crossover claim or claim types A or C. The system calculates the total of the Deductible, Coinsurance, and Blood Deductible and deducts any TPL, Patient Deductible, or Patient Liability to identify the IHCP allowed amount.



The screenshot shows a software window titled "Xover Information". It features a menu bar with "File" and "Applications". Below the menu bar is a label "ICN:" followed by a text input field. A large rectangular box contains three labels with corresponding text input fields: "Deductible: \$0.00", "Coinsurance: \$0.00", and "Blood Deductible: \$0.00". At the bottom right of the window is an "Exit" button.

Figure 21.1 – UB-92 Xover Information Window

Xover Information	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit IndianaAIM	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 21.2 – Xover Information Window Menu Tree

This is an illustration of the menu tree for the Xover Information window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Xover Information window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display

*Exit* – Allows the user to the exit the window and return to a previous window

*Audit* – Allows the user to view the system changes made to each individual window

*Exit IndianaAIM* – Allows the user to exit IndianaAIM

### **Menu Selection: Applications**

This menu options allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number that identifies a claim.

*Format* – Thirteen characters

*Features* – Protected, display only

*Edits* – None

*To correct* – N/A

### **Field Name: Deductible**

*Description* – Deductible dollar amount

*Format* – Eight numeric characters

*Features* – Protected, display only

*Edits* – None

*To correct* – N/A

**Field Name: Coinsurance**

*Description* – Coinsurance dollar amount

*Format* – Eight numeric characters

*Features* – Protected, display only

*Edits* – None

*To correct* – N/A

**Field Name: Blood Deductible**

*Description* – Blood deductible dollar amount. This amount is only displayed on paper claims. It is included in the deductible on tape crossovers.

*Features* – Protected, display only

*Format* – Nine numeric characters

*Edits* – None

*To correct* – N/A

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_CLAIM\_XOVER

*Menu* – M\_CLAIM\_GENERIC\_MAINT

*Data Window* – DW\_UB-92\_XOVER

**System Features**

Click Exit to exit the Xover Information window.



## **Section 22: Physician Coordination of Benefits Header Window**

---

### **Introduction**

The Physician Coordination Of Benefits Header window is accessed by clicking the COB button on a paid, suspended or denied Physician claim. The Physician Coordination of Benefits header window displays information sent electronically by the Provider. Coordination of Benefits detail information may be obtained by clicking the COB detail button. The header window contains the following information:

- Payer Information
- Subscriber Information
- Patient Information
- Referring Provider Information
- Other Payer Payment Adjustments

**Physician Coordination of Benefits Header**

File Applications Options

ICN:

---

**Payer Information**

ID:  Name:

Paid Amount:  Approved Amount:  Related Causes

Allowed Amount:  Adjudication Date:  OTHER ACCIDENT

Covered Amount:  Prior Auth No:

ICN/DCN:

Reference No:

---

**Subscriber Information**

Name: (First, Middle, Last, Suffix)  Primary ID:

Address:  Birth Date:  Relation Code:

City:  State:  Zip:  Country Code:  Claim Filing:

SSN:

Gender: ☒ Male ☐ Female ☐ Unknown Reference Ins No:

Group Ins name:  Policy No:

---

**Patient Information**

SSN:  Policy No:  Primary ID:

---

**Referring Provider Info**

Name:  ID No:

Number Type: ☐ Blue Shield Provider ☐ Medicaid Provider ☒ Other

☐ Medicare Provider ☐ Employer's ID

---

**Other Payer Payment Adjustments**

Group	Reason Description	Amount	Quantity
		.00	.000

COB Detail

Figure 22.1 - Physician Coordination Of Benefits Header Window

COB Header		
File	Applications	Options
Print	Adhoc Reporting	COB Detail
Exit	Claims	
Audit	Financial	
Exit IndianaAIM	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 22.2 – Physician COB header Window Menu Tree

This is an illustration of a menu tree for Physician COB Header window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Physician COB Header window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display

*Exit* – Allows the user to the exit the window and return to a previous window

*Audit* – Allows the user to view the system changes made to each individual window

*Exit IndianaAIM* – Allows the user to exit IndianaAIM

### **Menu Selection: Applications**

This menu options allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

### **Menu Selection: Options**

This menu options allows the user to gain access to different functional from the menu bar..

*COB Detail* – Click **COB Detail** to access the Physician Coordination of Benefits Detail Window

## **Field Information**

### **Field Name: ICN**

*Description* – Internal Control Number that identifies a Claim

*Format* – Thirteen characters

*Features* – Protected, display only

## **Payer Information**

**Field Name: ID**

*Description* – Payer ID

*Format* – Eighty characters

*Features* – Protected, display only

**Field Name: Name**

*Description* – Payer Name

*Format* – Thirty five characters

*To correct* – N/A

**Field Name: Paid Amount**

*Description* – Amount paid to payer

*Format* – Ten numeric characters

*Features* – Protected, display only

**Field Name: Approved Amount**

*Description* – Other payer approved amount

*Format* – Ten numeric characters

*Features* – Protected, display only

**Field Name: Allowed Amount**

*Description* – Amount allowed to the provider

*Format* – Ten numeric characters

*Features* – Protected, display only

**Field Name: Adjudication Date**

*Description* – Adjudication date information sent at the detail level of the 837 transaction

*Format* – Eight numeric characters (ccyymmdd)

*Features* – Protected, display only

**Field Name: Covered Amount**

*Description* – Other payer covered amount

*Format* – Ten numeric characters

*Features* – Protected, display only

**Field Name: Prior Auth No**

*Description* – Prior authorization number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: ICN/DCN**

*Description* – Internal control number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

**Field Name: Reference No.**

*Description* – Provider Reference ID

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Related Causes**

*Description* – Additional causes relating to the claim

*Format* – Fifty characters

*Features* – Protected, display only

**Subscriber Information**

**Field Name: Primary ID**

*Description* – Insured primary identifier

*Format* – Ten numeric characters

**Features – Protected, display only**

**Field Name: Name (First)**

*Description* – First name of subscriber

*Format* – Twenty five characters

*Features* – Protected, display only

**Field Name: Name (Middle)**

*Description* – Middle name of subscriber

*Format* – Twenty five characters

*Features* – Protected, display only

**Field Name: Name (Last)**

*Description* – Name (last name) of subscriber

*Format* – Thirty five characters

*Features* – Protected, display only

**Field Name: Name (Suffix) Of Subscriber**

*Description* – Name suffix

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Address**

*Description* – Subscriber address street or apt number

*Format* – Fifty five characters

*Features* – Protected, display only

**Field Name: Address**

*Description* – Subscriber address street or apt number continuation

*Format* – Fifty five characters

*Features* – Protected, display only

**Field Name: Birth Date**

*Description* – Subscriber date of birth

*Format* – Eight numeric characters (CCYY/MM/DD)

*Features* – Protected, display only

**Field Name: Relation Code**

*Description* – Individual relationship code

*Format* – Two characters

*Features* – Protected, display only

**Field Name: City**

*Description* – Subscriber name of city

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: State**

*Description* – Subscriber name of state

*Format* – Two characters

*Features* – Protected, display only

**Field Name: Zip**

*Description* – Subscriber ZIP code

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Country Code**

*Description* – Three character code for country

*Format* – Three characters



*Features* – Protected, display only

**Field Name: Claim Filing**

*Description* – Claim Filing Code

*Format* – Two characters

*Features* – Protected, display only

**Field Name: SSN**

*Description* – Subscriber social security number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Gender**

*Description* – Gender identification

*Format* – Radio button

*Features* – Protected, display only

**Field Name: Reference Ins No:**

*Description* – Subscriber group policy number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Group Ins name:**

*Description* – Payer name

*Format* – Thirty five characters

*Features* – Protected, display only

**Field Name: Policy No.**

*Description* – Subscriber policy number

*Format* – Thirty characters

*Features* – Protected, display only

## **Patient Information**

### **Field Name: SSN**

*Description* – Patient social security number

*Format* – Thirty characters

*Features* – Protected, display only

### **Field Name: Policy No**

*Description* – Patient policy number

*Format* – Thirty characters

*Features* – Protected, display only

### **Field Name: Primary ID**

*Description* – Patient's primary insurance ID

*Format* – Eighty characters

*Features* – Protected, display only

## **Referring Provider Info**

### **Field Name: Name**

*Description* – Referring provider name

*Format* – Thirty characters

*Features* – Protected, display only

### **Field Name: ID No:**

*Description* – Provider ID for referring provider

*Format* – Thirty characters

*Features* – Protected, display only

### **Field Name: Number Type**

*Description* – Blue Shield, Medicare provider, Medicaid provider, employer's ID, or other

*Format* – Radio button

*Features* – Protected, display only

## **Other Payer Payment Adjustments**

### **Field Name: Group**

*Description* – Other payer adjustment group code

*Format* – Thirty characters

*Features* – Protected, display only

### **Field Name: Reason Description**

*Description* – Other payer adjustment reason description

*Format* – Seventy nine characters

*Features* – Protected, display only

### **Field Name: Amount**

*Description* – Other payer adjustment amount paid

*Format* – Ten characters

*Features* – Protected, display only

### **Field Name: Quantity**

*Description* – Other payer number of units paid

*Format* – Ten characters

*Features* – Protected, display only

## **Other Messages**

None

## **System Information**

*PBL* – CLAIM02.PBL

*Window* – W\_COB

*Menu* – M\_BASE\_Inquiry

*Data Window – dw\_cob\_phys\_hdr*

*Data Window – dw\_cob\_UB-92\_hdr*

*Data Window – dw\_cob\_dent\_hdr*

*Data Window – dw\_cob\_rel\_causes*

*Data Window – dw\_cob\_ref\_prov*

*Data Window – dw\_cob\_other\_payer\_adj*

## **System Features**

Click COB Detail to access the COB detail window.

Click Exit to exit the Physician Coordination or Benefits Header window.

## Section 23: Institutional Coordination of Benefits Header Window

### Introduction

The UB-92 Coordination Of Benefits Header window is accessed by clicking the COB button on a Paid, Suspended or Denied UB-92 claim. The UB-92 Coordination of Benefits header window displays information sent electronically by the Provider. Coordination of Benefits detail information may be obtained by clicking the COB detail button. The header window contains the following information:

- Payer Information
- Subscriber Information
- Patient Information
- Other Payer Payment Adjustments

**UB92 Coordination of Benefits Header**

File Applications Options

ICN:

**Payer Information**

ID:  Name:

Payer Paid Amount:  Address:

Allowd Amount:

Denied Total Amount:  City:  State:  Zip:

ICN/DCN:  Adjudication Date:  Ctry:

Reference No:  Prior Auth No:

**Subscriber Information**

Name (First, Middle, Last, Suffix)  Primary ID:

Relation Code:

Address:  Birth Date:

City:  State:  Zip:  Country Code:

SSN:  Claim Filing:

Gender: ☐ Male ☒ Female ☐ Unknown Reference Ins No:

Group  Ins Name:  Policy No:

**Patient Information**

SSN:  Policy No:  Primary ID:

**Other Payer Payment Adjustments**

Group	Reason Description	Amount	Quantity
		.00	.000

COB Detail Exit

Figure 23.1 – Institutional Coordination Of Benefits Header Window

UB-92 Coordination Of Benefits Header		
File	Applications	Options
Print	Adhoc Reporting	COB Details
Exit	Claims	
Audit	Financial	
Exit IndianaAIM	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 23.2 – Institutional COB header Window Menu Tree

This is an illustration of a menu tree for Institutional COB Header window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Institutional COB Header window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display

*Exit* – Allows the user to the exit the window and return to a previous window

*Audit* – Allows the user to view the system changes made to each individual window

*Exit IndianaAIM* – Allows the user to exit IndianaAIM

### **Menu Selection: Applications**

This menu options allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

### **Menu Selection: Options**

This menu options allows the user to gain access to different functions from the menu bar.

*COB Detail* – Click **COB Detail** to access the UB-92 Coordination of Benefits windows

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control Number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

## **Payer Information**

### **Field Name: ID**

*Description* – Payer ID

*Format* – Eighty characters

*Features* – Protected, display only

### **Field Name: Name**

*Description* – Payer name

*Format* – Thirty five characters

*Features* – Protected, display only

### **Field Name: Payer Paid Amount**

*Description* – Amount paid to payer

*Format* – Ten characters

*Features* – Protected, display only

### **Field Name: Address**

*Description* – Payer address

*Format* – Thirty five characters

*Features* – Protected, display only

### **Field Name: Allowed Amount**

*Description* – Amount allowed to the provider

*Format* – Thirteen characters

*Features* – Protected, display only

### **Field Name: Address2**

*Description* – Payer address continued

*Format* – Thirty five characters

*Features* – Protected, display only



**Field Name: Denied Total Amount**

*Description* – Other payer denied amount

*Features* – Protected, display only

*Format* – Ten characters

**Field Name: City**

*Description* – Payer city

*Format* – Thirty five characters

*Features* – Protected, display only

**Field Name: State**

*Description* – Payer state

*Format* – Two characters

*Features* – Protected, display only

**Field Name: Zip**

*Description* – Payer ZIP code

*Format* – Five characters

*Features* – Protected, display only

**Field Name: Ctry**

*Description* – Payer country

*Format* – Three characters

*Features* – Protected, display only

**Field Name: ICN/DCN**

*Description* – Internal control number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

**Field Name: Adjudication Date**

*Description* – Adjudication date information sent at the detail level of the 837 transaction

*Format* – Eight numeric characters (ccyymmdd)

*Features* – Protected, display only

**Field Name: Reference No.**

*Description* – Provider reference ID

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Prior Auth No**

*Description* – Prior authorization number

*Format* – Thirty characters

*Features* – Protected, display only

**Subscriber Information**

**Field Name: Primary ID**

*Description* – Insured primary identifier

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Name (First)**

*Description* – First name of subscriber

*Format* – Twenty five characters

*Features* – Protected, display only

**Field Name: Name (Middle)**

*Description* – Middle initial of subscriber

*Format* – One character

*Features* – Protected, display only

**Field Name: Name (Last)**

*Description* – Name (last name) of subscriber

*Format* – Thirty five characters

*Features* – Protected, display only

**Field Name: Name (Suffix) of Subscriber**

*Description* – Name suffix

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Address**

*Description* – Subscriber address

*Format* – Fifty five characters

*Features* – Protected, display only

**Field Name: Relation Code**

*Description* – Individual relationship code

*Format* – Two characters

*Features* – Protected, display only

**Field Name: Address**

*Description* – Subscriber address continued

*Format* – Fifty five characters

*Features* – Protected, display only

**Field Name: Birth Date**

*Description* – Subscriber date of birth

*Format* – Eight numeric characters (CCYY/MM/DD)

*Features* – Protected, display only

**Field Name: City**

*Description* – Subscriber name of city

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: State**

*Description* – Subscriber name of state

*Format* – Two characters

*Features* – Protected, display only

**Field Name: Zip**

*Description* – Subscriber ZIP code

*Format* – Five characters

*Features* – Protected, display only

**Field Name: Country Code**

*Description* – Subscriber country code

*Format* – Three characters

*Features* – Protected, display only

**Field Name: SSN**

*Description* – Subscriber social security number

*Format* – Nine characters

*Features* – Protected, display only

**Field Name: Claim Filing**

*Description* – Claim filing code

*Format* – Two characters

*Features* – Protected, display only

**Field Name: Gender**

*Description* – Gender identification

*Format* – Radio button

*Features* – Protected, display only

**Field Name: Reference Ins No**

*Description* – Subscriber group policy number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Group Ins Name**

*Description* – Payer name

*Format* – Thirty five characters

*Features* – Protected, display only

**Field Name: Policy No.**

*Description* – Subscriber policy number

*Format* – Thirty characters

*Features* – Protected, display only

**Patient Information**

**Field Name: SSN**

*Description* – Patient social security number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Policy Number**

*Description* – Patient policy number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Primary ID**

*Description* – Patient’s primary insurance ID

*Format* – Eighty characters

*Features* – Protected, display only

*Format* – Eighty characters

**Field Name: Group**

*Description* – Other payer adjustment group code

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Reason Description**

*Description* – Other payer adjustment reason description

*Format* – Seventy nine characters

*Features* – Protected, display only

**Field Name: Amount**

*Description* – Other payer adjustment amount paid

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Quantity**

*Description* – Other payer number of units paid

*Format* – Ten characters

*Features* – Protected, display only

**Other Messages**

None

**System Information**

PBL – CLAIM02.PBL

*Window – W\_COB*

*Menu – M\_BASE\_Inquiry*

*Data Window – dw\_cob\_phys\_hdr*

*Data Window – dw\_cob\_UB-92\_hdr*

*Data Window – dw\_cob\_dent\_hdr*

*Data Window – dw\_cob\_rel\_causes*

*Data Window – dw\_cob\_other\_payer\_adj*

## **System Features**

Click COB Detail to further access the COB Detail window.

Click Exit to exit the UB-92 Coordination of Benefits Header window.









## Section 24: Dental Coordination of Benefits Header Window

### Introduction

The Dental Coordination Of Benefits Header window is accessed by clicking the COB button on a Paid, Suspended or Denied Dental claim. The Dental Coordination of Benefits header window displays information sent electronically by the Provider. Coordination of Benefits detail information may be obtained by clicking the COB detail button. The header window contains the following information:

- Payer Information
- Subscriber Information
- Patient Information
- Other Payer Payment Adjustments

**Dental Coordination of Benefits Header**

File Applications Options

ICN:

**Payer Information**

ID:  Name:

Payer Paid Amount:  Approved Amount:

Allowed Amount:  Patient Paid Amount:

Covered Amount:

**Related Causes**

**Subscriber Information**

Name (First, Middle, Last, Suffix)  Primary ID:

Address:  Birth Date:  Relation Code:

City:  State:  Zip:  Country Code:

SSN:

Gender: ☒ Male ☐ Female ☐ Unknown Reference Ins No:

Group Ins Name:  Policy No:

**Patient Information**

SSN:  Policy No:  Primary ID:

**Other Payer Payment Adjustments**

Group	Reason Description	Amount	Quantity
PR	DEDUCTIBLE AMOUNT	1.11	1.000

COB Detail Exit

Figure 24.1 – Dental Coordination Of Benefits Header Window

COB Header		
File	Applications	Options
Print	Adhoc Reporting	COB Detail
Exit	Claims	
Audit	Financial	
Exit IndianaAIM	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 24.2 – Dental COB header Window Menu Tree

This is an illustration of a menu tree for Dental COB Header window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Dental COB Header window.

## Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.
2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

### Menu Selection: File

This menu selection allows the following options:

*Print* – Allows the user to print a data window, current window, or the entire screen display

*Exit* – Allows the user to the exit the window and return to a previous window

*Audit* – Allows the user to view the system changes made to each individual window

*Exit IndianaAIM* – Allows the user to exit IndianaAIM

### **Menu Selection: Applications**

This menu options allows the user to gain access to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Click **Adhoc Reporting** to access the Adhoc Reporting windows

*Claims* – Click **Claims** to access the Claims windows

*Financial* – Click **Financial** to access the Financial windows

*Managed Care* – Click **Managed Care** to access the Managed Care windows

*MARS* – Click **MARS** to access MARS windows

*Prior Authorization* – Click **Prior Authorization** to access the Prior Authorization windows

*Provider* – Click **Provider** to access the Provider windows

*Recipient* – Click **Recipient** to access the Recipient windows

*Reference* – Click **Reference** to access the Reference windows

*Security* – Click **Security** to access the Security windows

*SURS* – Click **SURS** to access the SURS windows

*Third Party Liability* – Click **Third Party Liability** to access the Third Party Liability windows

### **Menu Selection: Options**

This menu options allows the user to gain access to different functions from the menu bar.

*COB Detail* – Click **COB Detail** to access the Dental Coordination of Benefits Detail window

## **Field Information**

### **Field Name: ICN**

*Description* – Internal Control Number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

## **Payer Information**

### **Field Name: ID**

*Description* – Payer ID

*Format* – Eighty characters

*Features* – Protected, display only

### **Field Name: Name**

*Description* – Payer name

*Format* – Thirty five characters

*Features* – Protected, display only

### **Field Name: Payer Paid Amount**

*Description* – Amount paid to payer

*Format* – Ten characters

*Features* – Protected, display only

### **Field Name: Approved Amount**

*Description* – Other payer approved amount

*Format* – Ten characters

*Features* – Protected, display only

### **Field Name: Allowed Amount**

*Description* – Amount allowed to the provider

*Features* – Protected, display only

### **Field Name: Covered Amount**

*Description* – Other payer covered amount

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Patient paid Amount**

*Description* – Amount paid by patient

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Related Causes**

*Description* – Additional causes relating to the claim

*Format* – Fifty characters

*Features* – Protected, display only

**Subscriber Information**

**Field Name: Primary ID**

*Description* – Insured primary identifier

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Name (First)**

*Description* – First name of subscriber

*Format* – Twenty five characters

*Features* – Protected, display only

**Field Name: Name (Middle)**

*Description* – Middle name of subscriber

*Format* – Twenty five characters

*Features* – Protected, display only

**Field Name: Name (Last)**

*Description* – Name (last name) of subscriber

*Format* – Thirty five characters

*Features* – Protected, display only

**Field Name: Name (Suffix) Of Subscriber**

*Description* – Name suffix

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Relation Code**

*Description* – Individual Relationship Code

*Format* – Two characters

*Features* – Protected, display only

**Field Name: Address**

*Description* – Subscriber address

*Format* – Fifty five characters

*Features* – Protected, display only

**Field Name: Address**

*Description* – Subscriber address continued

*Format* – Fifty five characters

*Features* – Protected, display only

*Format* – Fifty five characters

**Field Name: Birth Date**

*Description* – Subscriber date of birth

*Format* – Eight numeric characters (CCYY/MM/DD)

*Features* – Protected, display only

**Field Name: Claim Filing**

*Description* – Claim Filing Code

*Format* – Two characters

*Features* – Protected, display only



**Field Name: City**

*Description* – Subscriber name of city

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: State**

*Description* – Subscriber name of state

*Format* – Two characters

*Features* – Protected, display only

**Field Name: Zip**

*Description* – Subscriber ZIP code

*Format* – Fifteen characters

*Features* – Protected, display only

**Field Name: Country Code**

*Description* – Subscriber country code

*Format* – Three characters

*Features* – Protected, display only

**Field Name: SSN**

*Description* – Subscriber social security number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Gender**

*Description* – Gender identification

*Format* – Radio button

*Features* – Protected, display only

**Field Name: Reference Ins No**

*Description* – Subscriber group policy number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Group Ins Name**

*Description* – Insurance group name

*Format* – Thirty five characters

*Features* – Protected, display only

**Field Name: Policy No.**

*Description* – Subscriber policy number

*Format* – Thirty characters

*Features* – Protected, display only

**Patient Information**

**Field Name: SSN**

*Description* – Patient social security number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Policy Number**

*Description* – Patient policy number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: Primary ID**

*Description* – Patient's primary insurance ID

*Format* – Eighty characters

*Features* – Protected, display only

## **Other Payer Payment Adjustments**

### **Field Name: Group**

*Description* – Other payer adjustment group code

*Format* – Thirty characters

*Features* – Protected, display only

### **Field Name: Reason Description**

*Description* – Other payer adjustment reason description

*Format* – Seventy nine characters

*Features* – Protected, display only

### **Field Name: Amount**

*Description* – Other payer adjustment amount paid

*Format* – Ten characters

*Features* – Protected, display only

### **Field Name: Quantity**

*Description* – Other payer number of units paid

*Format* – Ten characters

*Features* – Protected, display only

## **Other Messages**

None

## **System Information**

*PBL* – CLAIM02.PBL

*Window* – W\_COB

*Menu* – M\_BASE\_Inquiry

*Data Window* – dw\_cob\_phys\_hdr

*Data Window* – dw\_cob\_UB-92\_hdr

*Data Window – dw\_cob\_dent\_hdr*

*Data Window – dw\_cob\_other\_payer\_adj*

## **System Features**

Click COB Detail to further access the COB detail window.

Click Exit to exit the Dental Coordination of Benefits Header window.





## Section 25: Physician Coordination of Benefits Detail Window

### Introduction

The Physician Coordination of Benefits Detail window displays information for professional type of claims. Fig 25.1 shows a heading for professional claim.

Adjustment information is tied to payer information. Scrolling payer information will also refresh the adjustment information.

**Physician Coordination of Benefits Detail**

File Applications

ICN:  Detail No.: 1

**Payer Information**

ID	Name	Paid Amount	Payment Date
	MDWISE	\$ .00	2004/11/20

**Adjustment Information**

Group	Reason Description	Amount	Quantity
CO	PROMPT-PAY DISCOUNT.	7.00	1.000
CO	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT	20.32	1.000

**Reference Information**

Payer ID	Referral Number	PA Number

Exit

Figure 25.1 Physician Coordination Of Benefits Detail window

### Field Information

#### Field Name: ICN

*Description* – Internal Control Number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

**Field Name: Detail No**

*Description* – Claim detail number

*Format* – Three characters

*Features* – Protected, display only

**Payer Information**

**Field Name: ID**

*Description* – Payer ID

*Format* – Eighty characters

*Features* – Protected, display only

**Field Name: Name**

*Description* – Payer name

*Format* – Eighty characters

*Features* – Protected, display only

**Field Name: Paid Amount**

*Description* – Amount paid by payer

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Payment date**

*Description* – Date of payment by payer

*Format* – Eight numeric characters (CCMMYYDD)

*Features* – Protected, display only

**Adjustment Information**

**Field Name: Group**

*Description* – Other payer group code

*Format* – Thirty characters



*Features* – Protected, display only

**Field Name: Reason Description**

*Description* – Other payer reason description

*Format* – Seventy nine characters

*Features* – Protected, display only

**Field Name: Amount**

*Description* – Other payer amount paid

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Quantity**

*Description* – Other payer number of units paid

*Format* – Ten characters

*Features* – Protected, display only

**Reference Information**

**Field Name: Payer ID**

*Description* – Other payer ID

*Format* – Eighty characters

*Features* – Protected, display only

**Field Name: Referral Number**

*Description* – Other payer referral number

*Format* – Thirty characters

*Features* – Protected, display only

**Field Name: PA Number**

*Description* – Other payer prior authorization number

*Format* – Thirty characters

*Features* – Protected, display only

## Other Messages

None

## System Information

*PBL* – CLAIM02.PBL

*Window* – W\_COB\_detail

*Menu* – M\_BASE\_Inquiry

*Data Window* – dw\_cob\_phys\_dtl

*Data Window* – dw\_cob\_UB-92\_dtl

*Data Window* – dw\_cob\_dent\_dtl

*Data Window* – dw\_cob\_adj\_dtl

*Data Window* – dw\_cob\_dtl\_ref\_info

## System Features

Click Exit to exit the Physician Coordination of Benefit Detail window.

Scroll Bar: Right side for access to additional details associated with this claim.

## Section 26: UB-92 Coordination of Benefits Detail Window

### Introduction

The UB Coordination of Benefits Detail window displays information for Institutional type of claims. Fig 26.1 shows a heading for professional claim.

Adjustment information is tied to payer information. Scrolling payer information will also refresh the adjustment information.

UB92 Coordination of Benefits Detail

File Applications

ICN:  Detail No.: 1

Payer Information

ID	Name	Paid Amount	Payment Date
	MEDICAL MUTUAL	\$810.01	

Adjustment Information

Group Reason Description	Amount	Quantity
PR DEDUCTIBLE AMOUNT	38.00	.000
PR .COINSURANCE AMOUNT.	25.00	.000

Exit

Figure 26.1 UB-92 Coordination Of Benefits Detail window

### Field Information

#### Field Name: ICN

*Description* – Internal Control Number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

#### Field Name: Detail No

*Description* – Claim detail number

*Format* – Three characters

*Features* – Protected, display only

## **Payer Information**

### **Field Name: ID**

*Description* – Payer ID

*Format* – Eighty characters

*Features* – Protected, display only

### **Field Name: Name**

*Description* – Payer name

*Format* – Eighty characters

*Features* – Protected, display only

### **Field Name: Paid Amount**

*Description* – Amount paid by payer

*Format* – Ten characters

*Features* – Protected, display only

### **Field Name: Payment date**

*Description* – Date of payment by payer

*Format* – Eight numeric characters (CCMMYYDD)

*Features* – Protected, display only

## **Adjustment Information**

### **Field Name: Group**

*Description* – Other payer group code

*Format* – Thirty characters

*Features* – Protected, display only

### **Field Name: Reason Description**

*Description* – Other payer reason description

*Format* – Seventy nine characters

*Features* – Protected, display only

**Field Name: Amount**

*Description* – Other payer amount paid

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Quantity**

*Description* – Other payer number of units paid

*Format* – Ten characters

*Features* – Protected, display only

**Other Messages**

None

**System Information**

*PBL* – CLAIM02.PBL

*Window* – W\_COB\_detail

*Menu* – M\_BASE\_Inquiry

*Data Window* – dw\_cob\_phys\_dtl

*Data Window* – dw\_cob\_UB-92\_dtl

*Data Window* – dw\_cob\_dent\_dtl

*Data Window* – dw\_cob\_adj\_dtl

*Data Window* – dw\_cob\_dtl\_ref\_info

**System Features**

Click Exit to exit the UB-92 Coordination of Benefit Detail window.

Scroll Bar: Right side for access to additional details associated with this claim.



## Section 27: Dental Coordination of Benefits Detail Window

### Introduction

The Dental Coordination of Benefits Detail window displays information for Dental type of claims. Fig 27.1 shows a heading for professional claim.

Adjustment information is tied to payer information. Scrolling payer information will also refresh the adjustment information.

ID	Name	Paid Amount
	DENTAL CARE	\$5.01

Group Reason Description	Amount	Quantity
PR DEDUCTIBLE AMOUNT	2.01	.000
PR .COINSURANCE AMOUNT.	5.00	.000

Figure 27.1 Dental Coordination Of Benefits Detail window

### Field Information

#### **Field Name: ICN**

*Description* – Internal Control Number that identifies a claim

*Format* – Thirteen characters

*Features* – Protected, display only

#### **Field Name: Detail No**

*Description* – Claim detail number

*Format* – Three characters

*Features* – Protected, display only

### **Payer Information**

#### **Field Name: ID**

*Description* – Payer ID

*Format* – Eighty characters

*Features* – Protected, display only

#### **Field Name: Name**

*Description* – Payer name

*Format* – Eighty characters

*Features* – Protected, display only

#### **Field Name: Paid Amount**

*Description* – Amount paid by payer

*Format* – Ten characters

*Features* – Protected, display only

#### **Field Name: Payment date**

*Description* – Date of payment by payer

*Format* – Eight numeric characters (CCMMYYDD)

*Features* – Protected, display only

### **Adjustment Information**

#### **Field Name: Group**

*Description* – Other payer group code

*Format* – Thirty characters

*Features* – Protected, display only



**Field Name: Reason Description**

*Description* – Other payer reason description

*Format* – Seventy nine characters

*Features* – Protected, display only

**Field Name: Amount**

*Description* – Other payer amount paid

*Format* – Ten characters

*Features* – Protected, display only

**Field Name: Quantity**

*Description* – Other payer number of units paid

*Format* – Ten characters

*Features* – Protected, display only

**Other Messages**

None

**System Information**

*PBL* – CLAIM02.PBL

*Window* – W\_COB\_detail

*Menu* – M\_BASE\_Inquiry

*Data Window* – dw\_cob\_phys\_dtl

*Data Window* – dw\_cob\_UB-92\_dtl

*Data Window* – dw\_cob\_dent\_dtl

*Data Window* – dw\_cob\_adj\_dtl

*Data Window* – dw\_cob\_dtl\_ref\_info

**System Features**

Click Exit to exit the UB-92 Coordination of Benefit Detail window.

Scroll Bar: Right side for access to additional details associated with this claim.

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